MORGAN (J. C.)
Library of the Surgeon-General's Office, U.S.A.

THE STUDY OF HOMŒOPATHY,

AS

A DISTINCT AND COMMANDING DEPARTMENT OF MEDICINE.

BY

JOHN C. MORGAN, M.D.,

PHILADELPHIA, PA.,

Member of the Homœopathic Medical Societies of Philadelphia, of the State of Pennsylvania, of Madrid, Spain (Hon.); and of the American Institute of Homœopathy. Formerly Professor of Anatomy and of Surgery in the Hahnemann Medical College of Philadelphia; and of Theory and Practice in the Homœopathic Medical College, University of Michigan.

Reprinted from the TRANSACTIONS of the World's Homœopathic Congress, Chicago, 1893.

Copyright, 1894.

Presented by the author.

SURGEON GEN'L'S OFFICE
503
LIBRARY

THE STUDY OF HOMŒOPATHY AS A DISTINCT AND COMMANDING DEPARTMENT OF MEDICINE.

My friend, Professor Helmuth, presents to this Congress a plea, just and able, of course, as well as eloquent, in behalf of surgery as an indispensable force in the Homœopathic school. The title of my paper, however, whilst in no way impugning his position, assumes the converse view, as equally just and even more essential.

The special field of Homœopathy, viz., *Chronic Diseases*, owing to insufficient obedience to the tenets of the Founder, having been largely relegated to surgery, we are being hurried along to practical oneness with *the palliative school;* and our testimony to *curative* medicine grows, I fear, more and more feeble.

"Distinct and commanding!" Less than this, I cannot for one moment admit, as the true status of our God-given system; and must demand for it, and for its study, universal recognition as such.

The Civil War played an important part in American medicine; firstly, by abstracting from ordinary practice and teaching the bulk of the surgical talent of the country; secondly, by the intensification of surgical enthusiasm and skill, in connection with a large military experience; and thirdly, by the initiation of a characteristic surgical epoch, with imperious fashions and some fads of its own, on the return of peace. (This epoch, further stimulated by the Franco-Prussian war, now involves the whole civilized world.)

The effect of all this upon Homœopathy has been almost revolutionary. Our surgeons, in the army and navy, were numerous, despite hostile regulations. These, upon returning to civil life, observed with indignation the decadence of anatomy and surgery, and of the scientific branches in our colleges, and bent their energies to their rehabilitation. Disruption of the faculties, reorganization and reform were the immediate and general results; and from that time

SURGEON GEN'L'S OFFICE
503
LIBRARY

our school has herein maintained, at the very least, a parity with the senior branch of the profession, this, also, having passed through a similar travail.

This happy conclusion, so creditable on our part, and so important, has not, however, proved an *unmixed* good to us. Nay, so far has the pendulum swung in the new direction that those of us who helped to set it in motion, with unaffected loyalty to Homœopathy and to its founder, may fairly take counsel with conscience, and ask ourselves if this revolution be not tinctured with elements of *retribution.* Of old, surgery did obeisance to the genius of Homœopathy, in our colleges and societies; now, it would almost seem, it is largely busy in trying to snuff her out!

The loyalty of her true adherents of the American Institute is assertive, but to many this whole subject is but matter for the merest toleration, as one tolerates a demented patriarch, who must soon pass away and cease from troubling the now active generation.

The loyal spirit has, I believe, succeeded in putting the profession on record as demanding that the "Institutes of Homœopathy," including the *Organon* of Hahnemann, shall be taught in all our colleges. Yet how is this demand complied with? How? By thorough drill, beginning with the Freshman year, maintained in the Junior, and enforced and perfected in all the practical departments throughout the senior year, and in the post-graduate curriculum, to which all Allopathic converts must needs look? Nay—not a bit of it! Homœopathic Institutes, being confused with the methods of the Old School—as if these were equally important (sometimes, indeed, and therefore called "Methodology"); these sacred truths of which we are the stewards, are cast, as an inert fragment of obsolete history, into the arena of the students' novitiate, alone; and the post-graduate, as well as the senior, is, above all, not permitted to waste his precious time with them, or their teachers, at all, or to abate his attendance upon surgical and special sub-clinics, a single hour, for their sake.

The common complaint of both, in the East and in the West, is, that on leaving the Homœopathic college, they feel themselves "utterly incapable of the systematic and thorough study of a Homœopathic remedy." This, I personally know.

A faithful teacher of Homœopathic Institutes may have succeeded in germinating the genuine seed in the minds of the fresh-

men, all unprepared and unfit as he has found them (since the highest type of medical intellect is needed for its just appreciation and culture). But in the succeeding years this seed is too often found to have been sown by the wayside, where the fowls of the air find and devour it, in its germinal immaturity; or, among the thorns of the semi-allopathy which spring up and choke it, as if through deliberate purpose. Indeed, if the second and third and post-graduate years had been planned for this obliteration of Hahnemannism, the result could scarcely be more complete. Our grand old man, Dr. C. Hering, if yet alive, would not hesitate, methinks, to apply the moral of the parable, and say, "This is the work of the devil!"

Indictment of the present, however just, can, however, do no good, unless the way out of its errors can be shown. A long intimacy with Hering and others of our "old guard," seems to emphasize my duty here. Permit me, therefore, to attempt this task. My first remedy has already been hinted at, viz., the study of *Homœopathic* Institutes *continuously*, throughout the three or four undergraduate, and also the post-graduate years! *All the chairs* in our colleges should be committed to faithful support of this programme, whilst neglecting nothing belonging specifically to themselves. With the adoption of the four years' curriculum, no plea of "lack of time" can be admitted, in the future, at least. Unfaithfulness to Homœopathy alone can account for its neglect hereafter.

Secondly, the science and art of Homœopathy must receive a logical classification in order for purposes of *parallel* and *progressive* study and teaching, in regular form. The intrinsic difficulties of this work heretofore have, indeed, been the sufficient excuse for much of the neglect here indicated, the reasons for which are evident, and need no discussion here. I offer the following suggestions in the hope of giving help, such as the hard experience and study of the past thirty-eight years, my Homœopathic period, based upon an original Allopathic education and practice of some years, have brought to myself.

Such a "classification in order" may be thus stated:

PART I.—*Hahnemann's Organon*, divided into chapters, according to *general subjects*. This reduces the mass of profound discussion to a simple and orderly arrangement, easy to study, and agreeable to read; Wesselhoeft's edition, modified, being the preferred

text. This should be studied in every year, in a continuity of evolution, by the parallel use of the following parts; that is, the several parts should be so taught, as to enforce, from their several standpoints, the principles laid down in the *Organon* itself; and in like manner, the other branches of medicine should be taught in the same spirit, and with the same tenacious purpose, from year to year.

PART II.—*Ætiology.*

PART III.—*Symptomatology;* Physiological; Pathological; Diagnostic; Pathognomonic; Pharmacodynamic; Prognostic; Therapeutic. Also, Dietetic; Curative; Toxical; Pathogenetic; Surgical.

PART IV.—*General Pharmacodynamics; i.e.,* the philosophy of drug-action, with reference to primary, secondary, and the more remote evolution of drug-effects; and in assimilation with the known development of "natural diseases," in the *order* of *febrile action,* and typified in every paroxysm of an intermittent fever. Provings, rearranged thus, become a "speaking picture!"

PART V.—*Special Pharmacodynamics;* the study of the individual provings, that is, of the Materia Medica proper, in accordance with Part IV. and with the aid of such *classifications* and generalizations as have proved helpful in the work of selection and individualization.

PART VI.—*Clinical Therapeutics;* the verification of provings at the bedside; thus, the discovery of "characteristics" of the drugs, aided by the observation of repeated cures of symptoms not yet recorded in any proving. Besides, the illumination of pathology itself, and of its relation to various drugs, and hence the *interpretation* of symptoms—both of natural and of drug diseases. This part, in other words, has to do with *the Homœopathy of experience.*

Let these six parts be now successively presented in detail.

The Organon.

PART I.—*Chapter I.*—The "Introduction." Pages 17 to 46, called by Hahnemann, "A Review of Physic," with old-time historical intimations of Homœopathy, Criticisms, with Notes. Pages 47 to 63.

Chapter II.—The Functions of the Physician. Pages 65 and 66, § 1 to 6.

Chapter III.—The Autocratic Vital Force, the real seat of life and of disease, and the *only* proper Object of Treatment; its Sufferings, *i.e.*, so-called "Symptoms," Cure. Pages 67 to 70, § 7 to 18.

Chapter IV.—How Drugs Cure. Pages 70 to 76, § 19 to 34.

Chapter V.—Disease versus Disease; Unlikes and Likes. Pages 77 to 91, § 35 to 52.

Chapter VI.—The Methods of Medication, viz.: Allopathic, Antipathic or Enantiopathic, Homœopathic. (Etymology.) Exposition. Pages 91 to 104, § 53 to 71.

Chapter VII.—The Study of Diseases, Acute and Chronic, and their Management. Pages 105 to 111, § 72 to 82.

Chapter VIII.—Examination of a Patient with Acute, Chronic, or Epidemic Disease. The "Genius Epidemicus." The "Genius Chronicus." Pages 111 to 119, § 83 to 104.

Chapter IX.—Agents of Cure; the Study of Drug-Effects; "Primary" and "Secondary" Effects; Provings and Cures; Idiosyncrasies; Individualization; Conduct of Provings; a True Materia Medica. Pages 119 to 135, § 105 to 145.

Chapter X.—Practical Directions and Suggestions; Selection of the Homœopathic Remedy; Similitude of Symptoms in "Totality;" in "Characteristics;" *Drug-Action during Treatment; Dosage; Drug-Aggravation; Question of External Treatment; Management of Drug-Remedies; "Local Diseases;" Antecedents;* The Three Miasms of True "Chronic Diseases;" Previous Allopathic Treatment; other circumstances. Pages 135 to 157, § 146 to 209.

Chapter XI.—Special Mental Symptoms; Insanity; Paroxysmal Diseases (Intermitting, Recurrent, Alternating); *Intermittent Fever,* etc., Cure. Pages 157 to 170, § 210 to 244.

Chapter XII.—Additional Practical Directions; Management of Cases and Remedies; Dosage; Repetition; "Favorite Remedies." Pages 170 to 177, § 245 to 263.

Chapter XIII.—Pharmacy; Selection and Preparation of Medicines. Pages 177 to 179, § 264 to 271.

Chapter XIV.—The Single Remedy; The Minimum Dose; Proportional Effect of Various Doses; Dynamic Nature of Drug-Effects; Forms of Administration; Susceptibility of Living and Diseased Parts to Drug-Action; Transmission of Effects, by Sympathy, to Other Parts; The Use of the Skin as a Channel of Medication, etc. Pages 179 to 186, § 272 to 292.

Chapter XV.—(*Restored to place*); *Mesmerism or "Hypnotism,"* ("Suggestive Therapeutics"); *with Notes.* Pages 227 to 230.

Chapter XVI.—*Notes upon the General Text.* Pages 187 to 225.

Index. Pages 231 to 244.

Ætiology.

PART II.—After the special part just discussed the next is *Ætiology*. No one doubts the importance of this, and it might seem sufficient here to name it as essential in a complete course on *Clinical Medicine* in any college of any school.

In Homœopathy, however, it acquires extraordinary importance, inasmuch as a successful prescription so often pivots upon the clear perception of *causes*, often remote in time and recondite in nature. Ever alert, ever suspicious of this, we should be!

I recall a most important case of metrorrhagia. Large sums of money, spent in both medical and surgical endeavors, and years of time, had brought the patient to feel that the pursuit was well nigh in vain, when a Homœopathic physician in Heidelberg, Germany, inquiring into the antecedents of the attack *in the beginning*, elicited the fact that it began after bathing in icy cold water, six years before, on the coast of Maine. *Curè* was then promptly initiated by giving *Rhus tox.*, 1x, twice a day, on this exact indication.

Previous abuse of drugs is a common ætiology. Cathartics, mercurials, and quinine are every-day drugs, and the recognition of their part in complicating, and even in originating, disease symptoms, is our daily duty. Besides, the latent remains of the original maladies, *suppressed* by these drugs, are of immeasurable force and constantly require treatment. Dr. Raue insists upon an initial dose of Nux vomica, after prior Allopathic treatment, in every case.

A *strain* years ago, or a wound of nervous tissue, or an old bruise may, when recalled, be of prime significance, demanding a corresponding remedy, as *Rhus tox*, *Hypericum*, or *Arnica*.

Constitutional hindrances often require the interpolation of *Sulph.*, *Calc.*, etc.

To ignore *causes* is, in our school of practice, to tie our hands behind us and to insure many failures.

In this connection, "Baffling Causes" deserve special notice, for, by these our best work may be, and sometimes is, spoiled. Thus, bad nursing, disobedience to orders, and many things of detail may

ruin an otherwise good cure. As a glaring example, a young man, the subject of gonorrhœa and under Homœopathic treatment, but, preparing for a pharmacy examination, was required to taste some thirty different drugs within a few days; got worse, naturally, but did not think to mention it until many days afterwards. Many such cases occur.

Symptomatology.

PART III.—Physiological, pathological, diagnostic, pathognomonic, pharmacodynamic, prognostic, therapeutic. Also, dietetic, curative, toxical, pathogenetic, and surgical.

This is the most essential of all studies in the practice of medicine, and as above outlined, most comprehensive. It belongs exclusively to no one school, and deserves universal prominence in the college curricula and in medical writing. The writers recognize this, but no college does it even scant justice. In Homœopathy, above all, it is the *sine qua non*, and at least as much time should be given to it as is assigned, for instance, to the study of Obstetrics.

The above order is planned for a graded course. The *pathological*, the *pharmacodynamic*, and the *prognostic* divisions require subdivision, thus: The first two into "general" and "special;" the last, the prognostic, into prognosis: of natural diseases, of the action of remedies, and of the interaction of both.

Considering these divisions *seriatim*, we note:

1. *Physiological Symptomatology.*—This is simply a narrative of *abundant life*, with its conditions, causes, susceptibilities, and powers. Its "totality" is the rule of comparison for all the rest, and should be ever before the mind of the thorough physician, as *mens sana in corpore sano*. Deviations from this standard are *Diseases*. A few lectures under this head, following the "schema" of Hahnemann, viz.: the anatomical and physiological order, would be fruitful of intelligent interest in the subsequent study of *abnormal* symptomatology, whether natural or of drugs, artificially applied. It is in the physiological field that *symptom-interpretation* should begin, and it should thenceforth never be neglected.

2. *Pathological Symptomatology* is as yet taught only incidentally in the lectures on "Practice of Medicine," and in connection with the special diseases discussed. Even if there be a separate chair of pathology this is now held to mean tissue-change, plus bacteriology, almost solely; hence, symptomatology comes to be regarded by the

student as inferior, and later on he will be heard denouncing the fine art of "symptom-hunting"—for "fine art" it is.

One pathological specialty is characteristic of Homœopathy, viz., "chronic miasms,," according to Hahnemann. Chronic diseases, when transmitted to offspring undergo "potentization" in successive generations; resulting in latent, but all-powerful poisoning; whereby family life is more and more vitiated. Family similarity is often available in choosing remedies for one after another of its members. For the symptoms, see Hahnemann's *Chronic Diseases*, vol. i., also the *Organon.*

As the medical mind is now constituted, even among the Hahnemannians, there are many important symptoms in any "totality" which are overlooked in the selection of the remedy, or at least belittled, until their significance is demonstrated by physical exploration. Thus, a physician prescribing for a neuralgic rheumatism of the left thigh found no suggestion in a co-existing trivial complication, viz., a semi-occasional slight hack or cough, until, being requested to "sound the lungs," he discovered (only) a blowing sound in the mitral region of the heart, due to an unsuspected and incipient endocarditis. Thereupon the whole malady acquired a new character and the curative remedy was speedily found by the *totality* of symptoms, *before unseen*, viz., *Aconite.*

In a similar but older case the cough remained uncured and very troublesome until the totality was added to by a cholera morbus, requiring *Arsenicum.* After this drug the cough also got well, but the pathological suggestion, when offered, was resented, as tending to "wreck true Homœopathy." Yet this is truly symptom-hunting of the best type.

In pathological symptomatology, also, the Hahnemannian schema is our best guide, and a good repertory is the ever-ready handbook for its orderly and interpretative study. The best for this purpose is that found in Jahr and Possart's *Manual*, and which should be separately bound. Its introductory comparisons of drugs, antidotes, etc., come into play at a later stage of the same studies.

The *detail* of symptoms as here given is both comprehensive and suggestive, and may be *extended* at will. Both "general" and "special" pathology are here represented. However, this book needs to be supplemented by the works of Tanner, Findlayson, etc., on "Clinical Medicine;" for this is what it is, and this

phrase will be a proper title of the full professorship of this whole subject. As *all* professors should *hold clinics*, the title must no longer imply a *faculty scapegoat.*

The *interpretation of symptoms* here finds a special function, of course; but a *warning* is required—not to spin cobweb *theories* therefrom unto vague pathological prescribing.

Interpretation of symptoms relates to the following subjects, viz.:

1. The nature of the *morbid process;* as, hyperæmia, active or passive; cardiac tone, or atony; connective-tissue growth; parenchymatous inflammation; suppuration; reflex nervous states, etc.
2. Lesions of function.
3. Tissue-lesions, *e.g.*, of epithelium; of nerve substance, etc.
4. Gross lesions of organs, *e.g.*, heart, kidney, etc.

Each of these classes is, to the experienced therapeutist, at once suggestive of a group of remedies bearing pathogenetic and therapeutic relations thereto, as judged by provings and by clinical observations. Yet the physician must never be *dominated* by past experience, but ever push forward in fresh research.

Hahnemann's Chronic Miasms and Modern Pathology.—A pertinent question here is, how does Hahnemann's doctrine of Chronic Diseases appear in the light of modern pathology? Are his "three chronic miasms" thereby consigned to oblivion as the "disorderly fancies of the master's senility?" Or do they appear therein, in a new dress, irradiating the field of current literature, and giving inspiration to current practice? First, is "repelled psora" a whim, or a grave pathological fact? Second, is constitutional syphilis a mere illusion, or a terrible reality? Third, is "sycosis," or systemic gonorrhœa, the conceit of a narrow doctrinaire, or is it a sad fact in the history and in the pathology of modern diseases?

One modern word will embrace the whole of these, namely, "septicæmia"; duration, or chronicity, is, then, the only thing left to question. Its *prevention* demands one prime condition, whatever its form, viz., *drainage.* Its production has also one prime cause, viz., *absorption;* and, again, this is the sure consequence of *non-drainage.* Add to this the local use of absorbent lotions, ointments, with frictions, plasters and all the invasive measures of "local therapeutics," and without doubt all conditions of systemic poisoning are met. "Repelled eczema" (the "itch," or "psora" of Hahnemann's day) has, in my own experience, been immediately followed by

hydrocephalus; everybody knows the syphilitic taint; and Ashhurst's *Surgery* is good authority for the reality of gonorrhœal septicæmia, or pyæmia. All authors of our day confirm the Hahnemannian doctrine of repelled or absorbed organic poison. Advanced anatomy elucidates it. The "superficial cutaneous lymphatics" lie just beneath the epidermic cells, open between them, and communicate by perforating the cutis with the deep lymphatics, thus furnishing a direct route to the circulating blood, and to every living cell in the body.

Microbes are the elements of mischief according to modern views; but the facts, as clinically seen by Hahnemann, were just as real as now, and were the sound basis of his theory, and the perfect justification of his practice and of his advice. Even his nomenclature, antique though it may be, when technically understood, is no worse than the modern; *e.g.*, "amyloid," etc.

The chronicity of psora, or septicæmia, using the modern phrase, and its protean expressions, to many unfortunate surgeons in our day, who have been victims of "blood-poisoning," are indubitable facts. Certainly, such may well be Hahnemanians. General loss of vitality and susceptibility to morbid influences and processes, so graphically described by Hahnemann in volume one of the *Chronic Diseases*—these have since been their constant experience. See also a quotation from Reynolds by Prof. L. L. Danforth, TRANSACTIONS of the American Institute of Homœopathy, vol., 1892, page 267, in "Antisepsis in Obstetrics."

Some years since the writer contributed to the *Transactions* of our Pennsylvania State Society a paper, in which the unity of origin of all constitutional taints was considered at length from the standpoint of evolution.

Action and Reaction.—No range of *doses* monopolizes either the "primary" or the "secondary" effects of a drug; nor are the "double and opposite effects" ascribed to all drugs to be wholly found in the action of opposite grades of dosage, large and small. Nevertheless, it is true that large doses display the primary in a far greater measure than do the small, whilst in regard to the secondary effects the predominant display is just the reverse. Primary action is the attack of an enemy. Secondary action is the repulse of that enemy. In both are signs of battle—*i.e.*, *symptoms*.

The primary effect, in the language of Allopathy, is called "the

physiological action." This being transient, is regarded as of little or no specific individuality or significance for any given drug; yet in such quarters it is held to be the only possible medicinal action of any drug, to be maintained by ever-increasing doses, according to the surgical idea. From this point of view, the doses, as well as the specific individuality of Homœopathic remedies, are absurd beyond description.

In taking such a position, however, they themselves necessarily commit the glaring absurdity of ignoring that great law of physics, viz., "action and reaction are equal." Further, they ignore the *added vital* resistance against all things inimical; and still further, the fact that all drugs are, *per se*, thus inimical in their primary influence. The materialistic and the vitalistic philosophies alike, and throughout, support our view in this matter. The secondary is the *permanent and final*—the *curative* effect.

Natural law, however, as generally recognized, is rarely unconditional, and this "law of reaction" is conditioned by an important proviso, viz., that the preceding "action" be neither destructive nor disabling.

The Homœopathic law submits to this self-same proviso, and hence it *implies* "the minimum dose," with conservative repetition, according to the medical idea. So far as we know, it submits to but one other, viz., the *curability* of the given case. With these provisos, surely "likes *are* cured by likes."

3. *Diagnostic and pathognomonic* symptomatology are too well valued and understood to need more than mention here, but a thorough course of instruction must specifically include them; only, the physician should be able always to distinguish drug-symptoms from those proper to the "natural history" of the disease *per se*.

4. *Pharmacodynamic symptomatology* is the capital city to which, in Homœopathic practice, all roads lead; and the "totality" is the measure of the study. The physiological and pathological significances, previously studied, here find their higher illustration in the proving-records of the materia medica. Indeed, a prover is doubly equipped for his important work if he has had this previous study; but he must avoid the error of writing down his subjective pathological opinions in place of giving a faithful statement of the observed phenomena. Still, symptoms understood are symptoms

remembered, and both prover and student should understand all that is possible. Even single symptoms, understood, illuminate the totality, as above shown.

The diagnostic powers of the mind will here find a most difficult yet most remunerative employment.

Here, again, the *Repertory* of Jahr and Possart affords a practical analytic handbook. Each chapter, indeed, is full of points for *parallel* or for consecutive study of all the subdivisions of symptomatology.

The strictly Hahnemannian and the final use of a repertory is as an index to the materia medica, where, only, the salient symptoms are found in their fulness, and thence the totality; consulting the provings proper under some one, and then others, of the several remedies therein suggested—examining the various drugs, one after the other, in the order of their apparent similarity, until the *most* similar is found.

These provings are the *sanctum sanctorum* of symptomatology.

5. *Prognostic Symptomatology.*—"Dealing in futures" is a business phrase which applies well to the physician's work. It requires close study. In the evolution of disease *the outcome* is of absorbing interest, and this is judged by: 1. The natural tendency of the malady. 2. The intensity of the particular attack of the same. 3. The importance of the specially affected organs and the amount of their involvement. 4. The amount of physiological error. 5. Heredity, age, sex. 6. Vital force, and the means at hand of sustaining it, by food and other hygienic conditions. (And here, be it observed, that to the followers of Hahnemann, the *constitutional* status is ever *paramount*, and *its symptoms of the highest rank*). 7. The environment, as a whole, is to each patient an individual factor, intensely bearing upon prognosis. This, too, has its *symptoms*, mainly in the sphere of "conditions" of aggravation and amelioration, and nowhere is there a wider field for interpretative study. 8. Lastly, prognosis rests, in large measure, upon the character of the treatment, a fact to which our school is fully alive.

However, the mere outcome of the disease itself is not the whole of the subject. The *action of every prescription* is a proper subject of scrutiny and forethought. The *probabilities* of aggravation and amelioration; the *reasons* for the same; the periods of probable occurrence; the interpretation of *paroxysmal* and other changes;

the incidental drug-provings which may crop out, intended or not; their recognition, anticipation, and guidance, sometimes their open prediction—these are a part of our daily duty, and should be made the subject of definite study and teaching.

In all, the *symptoms* of the given case must play a great part and require close study. The chair of clinical medicine has this field for its own.

6. *Therapeutic Symptomatology.*—This is the climax of our work, and it includes all the rest. Whatever their help, however, *necessity binds us*, for the present and after all, to the mechanism of Hahnemann's method as laid down in the *Organon*. In pursuing it we may yet invoke the aid of Bœnninghausen, with his fourfold classification of symptoms—"location, sensation, condition, and association" (or concomitants); also of Hering, with his essay on Hahnemann's *Three Rules*. All of this relates closely with the *Selection of the Remedy*.

"Taking the case," by the rules of Hahnemann, is the first and most important step in therapeutic symptomatology; the use of the Repertory and of the Materia Medica duly follows. To be able to do these rapidly and successfully is a necessary attainment, and no Homœopathic physician is prepared for his work who has not become fairly expert therein; hence, no college has fulfilled its contract with its students which fails to thus qualify them by *special* and careful instruction.

In this connection I recall a remark of Dr. J. T. Temple, of St. Louis, thirty-five years ago, and which has proved invaluable to me, viz.: "I find my best selections of remedies are made under the rubric, "Generalities."

I agree largely with him, but would extend this term so as to include all that follows it in an arranged proving, viz., skin, sleep, fever, conditions; also, and above all, mental states, together with related *attitudes* and *actions*. All these, grouped under the one heading, express strikingly the whole constitutional status.

Minute Localizations.—Paradoxical as it may seem, we may sometimes, on the other hand, get our best indications in the *minutest localizations;* but that these readily harmonize with the other, is plain enough.

Dr. Jacob Jeanes, of Philadelphia, was an expert in this line of study, *e.g.*, in his discovery of the specific relation of *Stramonium* to the hip-joint, especially of the left side.

Dr. A. Fellger also contributed to it; as in his indications for *Aurum*, *Mercury*, and *Kali bichromicum* in syphilis, relating them, respectively, to the palate, the fauces, and the pharynx; and many others might be named. The best guide in this particular study is Allen's edition of *Bœnninghausen's Therapeutic Pocket-Book* or repertory, in which "locality" is pretty thoroughly wrought out, and the "sides" of the body, etc., presented under each heading. *Further minuteness*, however, can be secured by subsequent reference to the Materia Medica, and by clinical observation.

Again, Dr. Lippe recognized a point of the greatest practical significance in reference to *relief from medicinal palliatives* as well as from palliatives of other kinds; for instance, from coffee, from alcohol, from vinegar. Dr. Hering, in his *Materia Medica*, under many remedies, observes the same principle, in the rubric "Other Drugs," as to both amelioration and aggravation, etc., of these upon the proving-symptoms and the therapeutic effects. Hering and Lippe alike would regard such indications *merely* as additional reasons for the choice of or objection to the remedy under study, *i.e.*, when the patient is worse or better, as the case may be, from such palliatives or from such "other drugs" when taken surreptitiously by the patient or of his own self-treatment.

On the other hand, some of our school have taken an opposite view of this subject, especially if such palliatives form a part of the "folk-lore" of the common people. Dr. Hering himself venerated this sort of folk-lore. Hahnemann has rescued many a medical tradition as to the powers of drugs. Teste, in his *Materia Medica*, has scrupulously done the same, believing that there is more than palliation therein, even cure, provided potentization and individualization be invoked. Following this lead, Macfarlan, of Philadelphia, in view of the traditional and empirical use of common *tar* (*Pix liquida*) for the cure of skin diseases, potentized it for internal use; and now *Pix liquida* proves itself almost specific in eczema and alopœcia.

"Symptoms which are strange, characteristic, and peculiar"—paraphrased by Prof. C. G. Raue as "queer symptoms"—are of the highest *therapeutic* rank, both in natural diseases and in the Materia Medica according to Hahnemann, and require special study. They may be wholly irrelevant in pathology as now understood, being often merely *personal*, but they are in subtle relation with the constitutional substratum; thus essential.

If none of these indices ("*characteristics*," "*keynotes*," etc.) be conspicuous in a given case, the drudgery of studying the whole totality of symptoms in detail can yet lead to the true similimum. In the very early days, when our Materia Medica embraced but few drugs, and all the provings were short, it was no great task to study the whole, at any time, or even to keep it mostly in memory; but this can no longer be said.

The writer once sought a remedy for a case of intermittent fever; chill beginning on the right side. Taking Jahr's *Symptomen-Codex*, he examined the "Fever" rubric of every drug, and found under *Rhus tox.*, "the left side of the body felt hot, and the right side cold," etc. Examining for the other symptoms—pains, etc., this drug was found to have all of them; and *Rhus tox.* was then known to be the remedy.

In this work the ubiquitous four categories of Bœnninghausen constitute the classes into which the symptoms naturally fall. In "taking the case" it is desirable to express in writing, for *every marked feature* of the same, all, or rather the first three of these categories. This will greatly facilitate their use in the subsequent choice of the similar remedy.

These categories, familiarly called "Bœnninghausen's Four Points," cannot be too frequently stated. In taking the case and in selecting the remedy, they are a never-failing guarantee of exact thought and practice.

Category 1st.—Locality.
" 2d.—Sensation (kind of symptom).
" 3d.—Condition (of worse and better).
" 4th.—Concomitants (or associations).

Allen's *Bœninghausen's Therapeutic Pocket-Book* is the handbook for the easy pursuit of this method. In every perfect study, however, the final step must be a consultation of the Materia Medica (or "provings") under each seemingly similar remedy, *comparing* each with the others through Hahnemann's schema, and thus determining the identity of *the most similar*, which is the object in view.

This method of comparison of similar drugs is the *clinical;* it is distinct from the non-clinical methods; and is illustrated in the process of selection of the similimum in any subtle, difficult case of chronic disease. (See Hahnemann's *Three Rules*, by C. Hering.)

This consists in taking two or more drugs, as found by means of the index or repertory to be closely related to the symptoms of the case (as well as to each other, of course), for trial. Opening the *Materia Medica* at each of these, read, rubric by rubric, noting the agreement of each with the case as previously written down.

Discarding the least similar, the chief simile is again compared with the others, and the best chosen.

The "numerical method" of finding the similimum is a variety of the foregoing. Its most salient expression is found in Dr. W. J. Guernsey's *Bœnninghausen.* In this the rubrics of the *Therapeutic Pocket-Book* are printed upon separate long slips of stiff paper, with the *rank* of each drug thereunder, 1, 2, 3, 4, in numerals. Selecting the slips containing the various symptoms, they are placed, side by side, upon a table; then each drug, beginning with those of highest rank, is counted by adding all its printed numerals together. The one having the highest number is held to be the similimum, irrespective of the claims of keynotes, etc.

Individualization in practice, so insisted upon by Hahnemann and his true disciples, can surely be realized through the convergence of all these studies, based upon a faithful preliminary college drill; and thus the future of Homœopathic therapy may prove an advance upon even the wonderful success of the pioneers!

The plan of Bœnninghausen separates the symptoms from each other, as actually observed, and the localities and kinds of symptoms, pains, etc., from their conditions of aggravation and amelioration, etc. Now at first sight this seems to abolish all prospect of just combination. In practice, however, the drug-genius is found to corroborate and fully justify his method by satisfying therapeutic effects.

Several specialties in symptomatology demand a further continuation of this discussion, all related to general clinical practice, and catalogued at the beginning of this second part.

The first, the Dietetic, is recognized in these days at its true value by many physicians; yet by too many, in no scientific spirit. The perusal of *Pavy on Food*, and similar works, will be the proper means of studying this branch of our present inquiry.

Every one should be prepared, on short notice, to furnish information to patients, which is often indispensable, and occasionally all-sufficient, to cure, from the dietetic standpoint.

Pathological symptomatology having furnished the facts and indications, of *diabetes*, for instance, it is more important and effective to regulate the diet, excluding starches and sugars, than it is to give medicine, however well chosen.

In diarrhœa, and the like, it is frequently essential to stop the use of all coarse-grained cereals, as granular oatmeal, all sorts of vegetables or fruits; or at least, to strain out of a desirable vegetable soup, all unreduced lumps, which are indigestible and aggravating.

On the contrary, in constipation, these substances are most salutary, and are to be prescribed. Also, the profuse use of water, especially at night and morning. *Bulky* meals, not too rich or heavy, and often late at night may be serviceable. Eating fruit at bedtime, and just before breakfast, with the assistance of water drinking, is aperient in effect.

Anti-fat diet, and building-up diet, etc., all are the outcome of discriminating study of this kind of symptomatology; and all should be carefully taught in the medical colleges, and at length. This is now much better done than of old; but there is room for improvement.

7. *Curative symptomatology* is that which expresses the amendment of function and of tissue-formation during the treatment of disease. Applying to drug-treatment the light afforded by the foregoing discussion, what signs have we, as Homœopaths, to guide our judgment of its good effects?

The first, of course, is diminished tissue and organ-lesion, as to extent and intensity. Secondly, improved psychical state. Thirdly, increased physical strength. Fourthly, correction of functional errors. These, we have, in common with all physicians. The opposites are, *a priori*, unfavorable.

Again, in paroxysmal diseases, as neuralgia, intermittent fever, etc., we have an improved state of secretions, shown by the tongue, the skin, the bowels, which is a *sine qua non*, in cure, here. Further, the amelioration of the attacks, the shortening of the same, the postponement of recurrences, the lengthening of the intermissions, the removal or improvement of complicating ailments, the improvement of the intermissions, as to special symptoms and general well-being.

On the other hand, aggravation of the paroxysm may indicate only the Homœopathic action of the drug, and require the entire

cessation of all medicine except a placebo and a watchful waiting for the ensuing vital reaction to cure.

In constitutional ailments, a gain in flesh, diminished complaints and other familiar signs are at hand to show curative conditions. Normal temperature may be added, in all sorts of cases.

These are, besides, in Homœopathic practice, certain subtle indications which experience has proved to be reliable. Thus, *susceptibility* to environment and to other circumstances, often annoying, disappears. Dr. Lippe used to say of the *Natrum carb.* patient, "He must carry an umbrella when the sun shines hot; you give him this medicine, and he no longer carries or needs his umbrella."

Again, in any disease, especially the acute, if the patient *falls asleep* soon after taking a dose of Homœopathic medicine, it is pretty good evidence of its curative fitness, and a promise of good to follow.

Once more: if, in all local symptoms, the person is no better, or even worse, yet in the general sphere feels "more like himself," or, as Dr. H. N. Guernsey phrased it, "not locally better, but 'all-over better;'" he *is* better, and patient waiting under a placebo, will later realize universal improvement. Even in diphtheria, with assurance of proper selection of remedy, and a single dose given, high, in consultation; finding, on a second visit, some hours later, that all was *in statu quo*, this great prescriber remarked: "The patient is certainly *no worse;* therefore, the bad tendencies are arrested, at least, and that means, he is better; continue the placebo;" and the third visit justified this decision.

The same authority told a scared doctor, who had, in a case of broncho-pneumonia in a child, repeated *Bryonia*, 200, until brain symptoms supervened, "Well, doctor, *you've nothing more to do;* give Sac. lac., and wait, and you'll cure the case; but *don't spoil it* by giving any more active medicine." A few hours demonstrated that he was right. It is easy to "spoil a case;" let us beware, therefore, of undue officiousness in critical cases.

Thus, pathogenetic symptoms, "read between the lines," may be most pleasing to the expert; always provided the drug be indeed the similimum.

Further: when the "inmost" of the person, the nobler organs, and the psychic nature, grow better, and when the symptoms of the malady seem to move from within outward, or from above

downward, the patient is better. And yet again, if the *latest* symptoms (especially in chronic diseases) *improve first*, followed by the others, in the inverse order of their appearance, a true and *permanent* cure has commenced, and must be let alone.

8. *Toxical symptomatology* is fairly well taught now in all medical colleges, and we need only to refer, besides, to the standard works on poisons, under this head.

9. *Pathogenetic Symptomatology* has already been hinted at, above. But it requires distinct elaboration. Diagnostic and prognostic, in part, it may be best studied, in these relations. In drug provings, and in therapeutic medication, it is likely to exercise the medical mind to its full capacity, But that capacity is too often but puerile, even full capacity is too often but puerile, even among well-educated physicians; and hence, the better the teaching and drill, in the college should be.

Lack of faith in drug power, especially in attenuated doses, emasculates the student's mind at this critical juncture—for such it is. Such a one should first clear his horizon of these skeptical vapors. The records of provings of insoluble substances, as *Silica*, *Lycopodium*, and many more, and of that familiar condiment of our tables, common salt, or *Natrum muriaticum*, and the Austrian re-proving of the latter, sweep away all of the reasonable doubts of candid Homœopaths; as witness Dr. Watzke, the superintendent of the last named. He says, "I am, alas! (I say, alas! for I would much rather have upheld the larger doses, which accord with current views)—I am compelled to declare myself for the higher dilutions. The physiological experiments made with *Natrum muriaticum*, as well as the great majority of the clinical results obtained therewith, speak decisively and distinctly for these preparations."*

Pathogenesis goes hand in hand with curative drug-action. Hahnemann's original reason for attenuation was the diminution of the former, and was impressed that this did not, by any means, abolish, but only refined it.

Yet, more; he claimed that no dose yet known is so small, that it is inferior in strength to the natural disease to be cured. Still further, he held that the cure depends upon that fact, and that it produces, always, a disease of like nature, and superior strength,

---

* See Hughes' *Pharmacodynamics*, 1876, page 562.

which supplants the original disease, and thereby, alone, can the Homœopathic cure, so far as we know, be effected. (*Organon*, § 24 to 34; 279 to 283). In § 29, he says, "an artificial morbid affection is *substituted*, as it were, for the weaker similar natural disease." He also indicates that a drug-disease, being brief and self-limited, provided the doses be not toxic, it is soon afterwards terminated by the vital force, and its own self-limitation.

One of our daily difficulties in Homœopathic practice is to reduce the morbific drug-action to comfortable limits. Any additional method of limiting and controlling this would be welcomed. One, that promises something, is to give the doses, so far as may be, immediately after meals; but this is limited in its applicability. Other timing of doses may help.

Now, in general, what signs can be considered as evidence of drug-pathogenesis, either in a proving, or during its therapeutic administration. Our standard of comparison has been already set up, viz; *Physiological symptomatology;* and to that we must refer. *Mens sana in corpore sano*—the consent of all healthy organs and functions—produces a *synæsthesia*—a *total sense of well-being;* and any deviation therefrom means: "I am sick;" and whenever a drug, or other morbid influence has preceded such deviation, it surely has *some part*, small or great, in its causation.

No one agent, however, can claim the *whole* of such causation. No physiological error would be possible, of course, without a personal, individual susceptibility, and this individual response. Again, no such effect was ever independent of the existing *environment*. In a drug-proving, then, "pure drug-symptoms" are an absolute impossibility; and *every* symptom is the outcome of the *three-fold* activity, viz; of the *individuality;* of the *environment;* and of the *drug* (which is but a special form of environment, after all, however). Now, the symptoms appearing at the apex of these three forces form the so-called drug-pathogenesis; and the three must always be reckoned with.

The first named is, of course, modified, in disease, by a previous—a fourth agency, viz: the originating cause thereof; but the individuality is there; and if the drug be a true simile, the two forces will neutralize each other, up to the point of the "just sufficient" dosage; and cure results. If either predominate, the "symptoms" declare it.

Now, how shall we distinguish symptoms which are present because of the interaction of the drug-force with the others, and are hence its fruits (with their aid).

Firstly. If the natural history of the individuality, in the state of health, cannot duplicate a symptom, with the same environment, the third factor, the drug-force, *must be* the efficient cause.

Secondly. If previous provings show that in other individuals, the same drug has displayed the same, or very similar symptoms, they are reasonably sure to be drug-symptoms, so-called.

Thirdly. During the treatment of disease, consider the natural history thereof; and if the new symptom or symptoms be alien to its natural history, the environment being the same, the remaining factor, the drug must be held responsible for them.

Fourthly. Changes of environment, however, will initiate a corresponding change of symptoms and "conditions" (or "modalities"); but withal, even these will be also stamped, *characteristically*, by the modifying force of the drug-factor.

Fifthly. New psychic and mental errors, pains, altered functions, obscure chills, spasms, fevers, etc. (in "Fever Order"), are the common forms of symptoms produced during treatment of disease in the line of drug-pathogenesis or so-called "Homœopathic drug-aggravation." The latter phrase, however, belongs more correctly to the increase of *pre-existing* disease-symptoms after the administration of the drug. This following "low potencies" the drug may be *pushed through* such an episode; the reaction following, with more or less effort of the emunctory or secreting organs, in the way of elimination of the drug-excess. But, in using "high potencies," experience shows that a placebo is the best answer to the same. (It may be here mentioned that a convulsion is the fair analogue of a chill, in practice.)

Supposed Sources of Fallacy in Provings.

The *domination* of subjective or of environment influences is not a sufficient ground for condemning a proving. The former simply announce the kind of individuality most susceptible to the other two factors when acting together; and the proper *grouping* of observed symptoms will depend upon making use of the subjective or personal symptoms *in conjunction with those alterations* which are excited by the other factors, viz., the drug plus the environment.

Again, the symptoms directly traceable to *environment* only, one may suppose, do not fall short of the scientific requirement, as experience shows, and, *a priori*, it must be, that a *compound susceptibility* exists; the other two factors, the individuality plus the drug, prepare the total physiology for certain responses to *each kind of possible environment*. (No proving is absolutely complete short of the test of all of these, as well as of all kinds of individuality.)

My own proving of *Gelsemium* in April, 1861, illustrates all this. Reading the telegrams from Charleston, S. C., concerning the battle at Fort Sumter, my system, in its original individuality, had been so modified by two weeks' use of the drug that "threatenings of diarrhœa" always followed, and I stopped the proving in the belief that the further record of such symptoms would be misleading and fallacious. But Dr. Hering knew better, and *he* announced that "*there* is the keynote of *Gelsemium!*" This was also the "latest symptom."

What shall we do with the many striking pathogenetic symptoms often arising after the taking of a drug by the sick? These have often proved *intensely characteristic* of the remedy; but their use is hazardous, and cannot be approved until further cautious experiment has eliminated all chances of error. In cases where several remedies have been taken this rule is urgent indeed.

Surgical symptomatology is now so well studied that it will here suffice, in the main, to refer to the current authorities. Several points, however, closely concerning the general practitioner must be here specified.

First. *Septic fever*. Some rise of temperature, after the shock of an injury or an operation, is only reparative and salutary; let us call it "primary fever." But if this do not fall in a day or so, or, having fallen, shall again rise, as shown by the thermometer, used at least twice daily, it is "secondary" or "septic fever," and the only thought then must be to open, irrigate, and disinfect the wound-territory thoroughly. The Homœopathic dilutions will perform their accustomed work all the same afterwards, especially the lower, but not exclusively.

Second. In peritonitis frequency of pulse is more significant than rise of temperature. Thus, the greatest of signs in universal surgical symptomatology are to be found in the temperature and the pulse.

Third, and lastly, in hæmorrhage, as in chills, the temperature is the test, *i.e.*, a fall to 97° F. or below.

General Pharmacodynamics.

PART IV.—Based upon the *Organon*, and rearrangement of provings *in accordance with the type of Intermittent Fever*, etc.

It has been said, by some (Dr. Dickson of London, and others), that "all disease is Intermittent Fever." Certainly, this dictum will but confirm the experience of many physicians practicing in malarial districts; for, every day, it seems to be restated by Nature. Even in non-malarial countries, so-called, close observation supplies a plenty of illustrations in the course of varied diseases.

Drug Diseases are no exception. Plainly, this must appear to every Hahnemannian; for, "every drug may cure Intermittent Fever" if duly individualized; the natural and the artificial disease alike presenting abundant variations—in *proportion* of stages, in *sequence* of the same, in *concomitants* of each, in conditions of aggravation and amelioration, etc. etc. *Generalities of all kinds* are easily assignable to "stages," and are extremely significant.

Comparing these in detail, stage by stage, we observe:

a. Certain *general* and local symptoms of every drug proving, regardless, *pro tem*, of the mere date or observed order of occurrence, assimilate with *acute physiological depression;* in other words, with the *cold stage* or "chill." Such symptoms, whatever their date, are *essentially* "primary," and represent truly the initial shock of the drug disease.

b. Another set of symptoms corresponds, accurately and thoroughly, with *acute physiological exaltation*, yet a minus of secretion, also irrespective of date; in other words, with the *hot stage.* This is still a "primary" form under Hahnemann's nomenclature, being simply a fuller development of the morbid impression and of the vital disturbance thereby; but incipient secondary vital reaction has now begun to *mingle* with the primary effect.

c. A third set of symptoms, usually following the hot stage, appears in intermittent fever with a plus of secretion, the *sweating stage* or *remission.* In *re*mittent fever it does *not* ripen into a full *inter*mission; in intermittent fever this does happen; but in both cases this stage is evidence of *acute physiological exhaustion;* the primary effect is not quite abolished, yet it is subsiding with *gradual*

approach of vital or curative "reaction," which is synonymous with "secondary effect." This is imperfect and uncertain in remission, however, which implies *important congestion* or other *lesion*, preventing complete intermission and having an evil prognosis. Nevertheless, we may say, in general, that in both the hot and the sweating stages vital reaction approaches nearer and nearer, nay, has already commenced. Corresponding symptoms of such a state in a drug proving are to be diagnosed and to be placed under this head.

d. A fourth state, with definite symptoms, is seen in a completed intermission—the "apyrexia." The same class of symptoms, general and local, are to be sought and noted in every proving, and these being ameliorative, compared with the first three, they may be regarded as mainly "secondary." They have, however, some residual organic lesions for their basis, and mean *incomplete* reaction only.

e. A fifth, more advanced state, is the stage of *Sequelæ*, that is, the organic and functional lesions remaining after the paroxysmal stages have passed, perhaps entirely ceased. In *heroic provings* this may also be distinguished and should be classified as a subdivision of the secondary reaction, still blended with relics of the "primary effect."

f. Recovery is, sixthly, *perfected* "secondary effect." Its symptoms are subtle often, but negative. Practically, *health* is reached.

g. A seventh stage of intermittent fever must sometimes be noted, viz., that of periodic *recurrence*. The symptoms of the original "primary effect" reappear and are to be classed as such, *not* as any part of the "reaction of the vital principle" or "secondary effect." Indeed, it is a clear testimony to organic sequelæ, apparent or occult.

h. In every proving a careful study of the symptoms will enable one to distinguish their relation to the several stages of intermittent fever, and the resulting groups may then be arranged in the foregoing succession—the true *perspective of the drug-disease picture*, which thereby becomes luminous, continuous, natural, regardless of varying temperaments of provers, varying dosage, and dates of symptoms, and of their written or printed sequences, resulting from such empirical reasons.

i. Instead of *copying* the symptoms in this "fever order," it may suffice to so *mark* them that they may be read at a glance in that order. *Pencils* of divers colors being provided, *blue* dots before

certain symptoms would place them under "chill stage;" *red*, under "hot stage;" *yellow*, "sweating stage;" *green*, for apyrexia; *black*, for sequelæ, etc.

j. Natural diseases, as well as drug-provings, develop in the *fever order*. Even chronic diseases show it; and no perfect *simile* between disease and drug can exist without regard being had to this same fever order and to the *febrile stages*, one or all (nature sometimes seems to skip one or more), which truly assimilate the symptom-groups of the case and its remedy. Hahnemann's remarks on intermittent fever (*Organon*, § 239, 235, 236, etc.) apply thoroughly to *all* forms of disease and to nearly all remedy-selection and administration.

k. One can now appreciate how insufficient is *mere date* as a criterion of "primary" and "secondary" symptoms. In fact, *absolute contrasts* of all sorts are abhorrent to nature; and as in the fevers, all seeming contradictions blend somewhere, even in date.

This old notion recently cropped out when a Homœopathic physician declared that "as the *primary* symptoms of drugs alone can guide to the similimum, the *secondary* (or late) symptoms have no right to any place in the materia medica."

The date of a symptom in a proving depends on *varying circumstances*, as temperament, dose, time of taking, repetition, and environment, and hence is fallacious as a test.

Furthermore, under this head, Dr. C. Hering, after long experience, decided that the very *latest* symptoms of any proving are probably the *most characteristic*.

To all this a *climax* is needed for each drug—a *keystone*, as it were—completing and perfecting the symptomatic arch and uniting the primary and secondary abutments with a single phrase for each, related but antagonistic, and expressing its *genius*. *Diagnosis* from the "totality of symptoms" is the means by which this end is reached. The search in itself is a fascinating and valuable exercise.

All symptoms, primary and secondary, naturally group themselves around these two in the completed picture, but in their proper "fever order."

Illustrations.—Thus, in *Aconite* we find in the "primary" range ANXIOUS RESTLESSNESS; in the "secondary" range, REPTILE-LIKE TORPOR.

In *Rhus tox*, primary, RHEUMATIC RESTLESSNESS; secondary, TYPHOID UNCONSCIOUSNESS.

In *Hyoscyamus*, TURBULENT RESTLESSNESS versus PROFOUND STUPOR for primary and secondary states, respectively.

In *Arsenicum*, PROSTRATED RESTLESSNESS versus DEATH-LIKE COLLAPSE.

In *Chamomilla*, WALKING ABOUT LIKE A CAGED ANIMAL versus DOGGED, QUIET INCIVILITY.

Ferrum, WALKING ABOUT TO RELIEVE SEVERE DULL PAIN versus ANÆMIC INERTIA.

Belladonna, HASTY ACTIVITY versus DREAMY STUPOR.

Bryonia, DRYNESS OF SECRETIONS versus a COLLIQUATIVE STATE.

Calcarea carb., OBESITY versus EMACIATION.

Sulphur, EXCESSIVELY BUSY MANNER versus LAZINESS.

These processes of study are perfectly in touch with all others, affording assistance to all, hindrance to none.

The subject may yet be viewed from a variety of other standpoints, helpfully; but in this place emphasis may again be laid upon the only one of these which can never be spared—that of *von Bœnninghausen*. His analysis of "the totality of symptoms" may appear to some very mechanical, but it is the basis of arrangement of his indispensable repertory. To recapitulate, its numerous divisions constitute four essential parts, viz.:

1. "Location" (of symptom).
2. "Sensation" (or "kind of pain," or "of symptom").
3. "Condition" (of aggravations and of ameliorations).
4. "Combination" (or "concomitants").

Added to these is the final one of "relationships" (or "comparisons").

Great refinements and minutiæ are possible and valuable under every one of these heads, and thus the all-important *individualities* of both the person and the drug are to be discovered and to be matched, the one with the other; aided by carefully *writing* down all the phenomena, whether of a drug or of a patient, under these four heads, and in this order. A brief but attentive reading of the Materia Medica will give a strong impression of such refinements and minutiæ; and by parallel, simultaneous, comparative reading of similar drugs their *differences* will grow more and more conspicuous also.

The practical application of von Bœnninghausen's method has produced a vast harvest in the hands of our pioneers; as, von B. himself; his pupils, Carroll Dunham, Ad. Lippe, and others, as well as Hering, Guernsey, and many more.

The free use of this or of some similar repertory will greatly facilitate the selection of the remedy and will gradually give large and rapid mastery of cases and of the Materia Medica. However, a word of caution is here needed, to wit: a repertory, after all, is but a disjointed catalogue (classified, it is true) of symptoms. It scarcely shows the *perspective* of anything; this can be found only in the Materia Medica proper. But we find the greatest usefulness in both when we employ the repertory as a simple *index* to the Materia Medica, and so economize precious time and energy in our work of selection or of *a priori* study.

For bedside use, a "repertory of modalities" (of "conditions" of aggravations and ameliorations)—after von B., a very little book—often gives great help to one who already has a good general knowledge of the remedies of our school. It can be carried in the medicine case or pocket, and attracts little if any attention or criticism.

Drug-Affinity for Organs and Tissues.

It is most interesting to note the apparent proneness of divers drugs to display their effects—each, in its own peculiar way—in certain organs, in the first place; as, *Mercury*, *Chelidonium* and *Nux vom.* in the liver; *Phosphorus* and *Tartar emetic*, in the lungs; *Belladonna* and *Gelsemium*, in the brain; etc. Attempts have been made to select remedies by this crude relationship, for the cure of diseases, under the name, "Organopathy." But this is altogether too general a method to answer the *precise* demands of the sick organism, and is now little more than a tradition among us.

Tissue-affinity of drugs is, however, usually recognized; as *Calc phos.* for bony tissues; *Bryonia* for fascia, etc. One argument, indeed, against Organopathy, is that no one drug can meet the needs of any one organ, since it contains a variety of diverse tissues, each requiring a distinct remedy or remedies, when inflamed, for instance; and besides, as the organ has its *nervous supply* from a plurality of sources, a plurality of nerve-remedies at the same time contend for the choice.

Hausmann and Schüssler have elaborated this subject. (See, in particular, Schüssler's *Twelve Tissue Remedies.*)

Constitutional affinities are another branch of the same. Grauvogl's work on Homœopathy is largely occupied with its development. He recognizes therein, the composition of organic bodies, from carbon, nitrogen, hydrogen, and oxygen—the human body, in particular. The excess of some element or elements, or deficiency of some other (which results the same way), is largely the basis of disease, or at least, is commonly coexistent with it, and modifies both it and its treatment. In short, pathology is sustained, and therapeuties is applied to cure, alike through the channel of such constitutional conditions.

According to Grauvogl, these are to be placed in three classes, according to the predominance of elements, viz:

1. The *carbo-nitrogenoid* constitution; (the non-eliminative; "*lithæmia*") *Sulphur* is its drug-type.

2. The *hydrogenoid* constitution; (the flabby, watery; "*hydræmia.*") *Natrum sulph.* represents this.

3. The *oxygenoid* constitution; (the inflammatory, combustible, febrile; the emaciating, wasting, consumptive). *Ferrum* is its type.

Other classifications there are, but this must here suffice. Grauvogl's work is accessible, and should be studied, in this connection.

The Sides of the Body and their Drug-Affinities.

Nothing in Homœopathy appears more fanciful, to the ordinary Allopathic mind, than our claim that drugs show a preferential relation to one side of the body and its parts, or to the other. On the other hand, nothing is better established in fact.

Theoretically, and *a priori*, a clear diversity of sides should exist; since the superior nutrition of the right side should assure us of its positive electric polarity, with the left side negative. And so on; for the same is true of the front as compared with the back parts; also, of the inner parts, as compared with the outer; all normal flow of force being from within, outward. The same is true of the head as related to the extremities. The chemical nature of the secretions at positive and negative poles is characteristically different—alkaline and acid, etc.

Again, the sides of the body are vastly influenced, in sensation and function, by the asymmetrical location of the internal viscera.

Thus, the liver is located mainly on the right side; and the *right shoulder*, as is well known, is the special seat of its sympathetic pains.

Now, everybody knows that certain drugs "act on the liver," specifically; and necessarily, such drugs have a marked pathological symptomatic affinity for the right side. A marked instance is found in *Chelidonium*.

Once more—the heart is located mainly in the *left* side of the chest. Strongly related to this organ and its surroundings and sympathïes, is *Lachesis*—a serpent poison. Necessarily, therefore, *Lachesis* is, so far forth, a "left-sided remedy," in the upper part of the trunk, at least.

All of these affinities are given clearly, in Allen's *Bœnninghausen's Pocket-Book*.

At this last point, however, a new element appears. *Lachesis* also affects the liver, on the right side, and below the heart-mass, and other left-sided upper organs with which it clearly affiliates, as the tonsil. Dr. Hering, in view of the *spiral type* of all living forms, saw in this, only a natural continuity of structural relationship, and expressed it by the formula—"upper left, lower right." *Rhus*, on the contrary, is "upper right, lower left."

Again, *Belladonna* shows, in nearly *all* organs, a preference for the *right side*. *China*, in like manner, for the *left side*.

All "antipsorics," the cardinal remedies for "psora," the principal "chronic miasm" of Hahnemann, appear to develop their symptoms *from within, outward*. Indeed all the chronic drugs, used against the three poisons—"chronic miasms"—of syphilis, and sycosis, or gonorrhœa, as well as psora, are by Hahnemann required to have this same peculiarity. *Sulphur* is the type of the antipsorics; *Mercurius*, of the anti-syphilitics; *Thuja*, of the anti-sycotics.

On the other hand, *Psorinum*, the virus of psora, works from without, inward; and hence, seems scarcely suitable as a genuine anti-psoric.

Lastly, some drugs exhibit a tendency to act, mainly, but with exceptions, from above downward; as, *Belladonna*. Others, from below, upward; as, *Aconite*.

Symptoms moving either upward or inward, are held to be of similar, and grave import; those moving downward or outward, as

of similar and salutary tendency. Allied to the former, is the approach to "noble organs," or to the mind; comparable with the latter, those symptoms which recede therefrom.

Dr. Hering was, after Hahnemann, the greatest exponent of this profound subject, in our ranks.

The *course and direction* of pains and other sensations, and of advancing anatomical lesions, is very characteristic in many cases. Thus stitches running downwards in the sacrum and thighs, of *Kali carbonicum;* tonsillitis, extending from right to left, *Lycopodium*; from left to right, *Lachesis.* From his intimacy with the provings of the latter, Dr. Hering inclined to the opinion that sometimes, at least, this, the *therapeutic* indication is *opposite* to the facts in the proving; and that similar symptoms, in the same locality, or region, but opposite in direction, are the truest types of Homœopathy. *Similar undulations of force,* in diseased tissues and drugs, travelling in opposite directions, being the true *similars, versus identities.*

On the other hand, Dr. R. R. Gregg, in his valuable *Illustrated Repertory,* figures, for therapeutic use, the courses and directions of stitching pains in the trunk, just as stated in the provings; and gives many instances of successful application thereof. This question is still *sub judice.*

Special Pharmacodynamics, or Materia Medica.

Part V.—(Jahr, Allen, Cowperthwaite, etc.).

The work of this part, during a limited term of teaching, differs from the course of study required by the studious practitioner, mainly in extent; the method is the same in both cases. With the latter, also, the considerable number of classifications, generalizations, etc., published and unpublished, and which some of our thinking men have proposed, are entitled to a fair consideration; as Hausmann's, Grauvogl's, Schüssler's, Morgan's, etc.

As to the students' course, it is important to bear in mind that Part IV. is fundamental and preliminary to this. Later, it consists mainly in the selection of a limited number of leading and familiar drugs, such as those already quoted under Part IV., and others, known as "polychrests" (or drugs of many uses), and *applying all that has been said to each,* in this way securing the most striking picture of each.

This being done for any two *very similar drugs* of the list, there remains one more essential proceeding, viz., *comparison*. This is performed in two ways. First, copy, or otherwise select, those symptoms of either which are most emphatic in the proving; also, those which are the most monopolized, or most characteristic of, the drug. A symptom, characteristic of one drug, and not found in any other, is termed a *unicum*. Then, with the Repertory, and with other provings, search, among these, for the remedies having either strikingly similar or strikingly antagonistic symptoms, or both; mark upon the margin opposite the words: "Compare with" and "Opposite" (adding the abbreviated names). Lippe's *Pharmacodynamics* represents this plan. Dr. H. C. Allen is the author of a recent reproduction of this.

The second method of comparison consists in writing the symptoms, especially the emphatic or characteristic ones, of the two chosen drugs, in parallel columns, upon foolscap paper, under the usual rubrics, and in such a way that those opposite to each other shall relate to the same subject, and shall thus display their similarity or antagonism in a striking and practical way. In this arrangement, the usual *anatomical* order of the Materia Medica as prescribed by Hahnemann, is the most convenient. Gross's *Comparative Materia Medica* is the type of this method. Lippe, Hering, Morgan, Farrington and others have extended the work, and in journals, etc., have further illustrated the method.

The *Materia Medica* of A. Teste, M.D., of Paris, translated by Hempel, but now out of print, is a good example of the comparative method of study, upon Hahnemannian principles. Recent studies of *Epiphegus* and of *Latrodectus*, by Dr. S. A. Jones, are also models in their way; having a pathological bent (*American Homœopathic Observer*, etc.).

The "clinical method" of comparison, herein discussed (see *Therapeutic Symptomatology*), and also Bœnninghausen's last division, "Relationships," may here be added.

The literature of our Materia Medica is now ample. The works of Drs. C. Hering and T. F. Allen stand first, without doubt. Next, that of Dr. A. C. Cowperthwaite. Many of the older physicians still rely upon Jahr's *Symptomen Codex*, and Lippe's work; Hering's *Condensed Materia Medica* is satisfying to many of the juniors.

The *Pharmacodynamics* of Dr. Richard Hughes, like his *Thera-*

peutics, is well suited to those who, having a knowledge of Old-School medicine, but believing in Homœopathy, seek to enter upon its study and practice, as novices.

Clinical Therapeutics.

PART VI.—"*Clinical Therapeutics*," or the "Homœopathy of Experience."

Here, as always, Hahnemann and his *Organon* are first. His *Aphorisms of the Treatment of Chronic Diseases*, collected by Dr. S. Lilienthal, and published not long before his death, in *The California Homœopath* (1889), under the title, *Catechism*, is of great importance, and should be printed in book form. So also is the first volume of his *Chronic Diseases*. All invite and deserve careful research and study.

Again, an essay upon his teachings, by Dr. C. Hering, entitled, *Hahnemann's Three Rules*, is of immense practical value. It was published in volume one, number one, of the *Hahnemannian Monthly*.

Verification of Provings is a leading part of our clinical study. A certain amount of skepticism of the reliability of the pathogenetic records prevails, and is natural enough; whilst, in a convert from ancient medicine, it is ofttimes both debilitating and painful. All evidence of the truth of these is therefore of the greatest value. Every symptom and symptom-group confirmed at the bedside by successful practice thus becomes a permanent addition to our therapeutic wealth.

In connection with the question of *reliability* of symptoms, in our Materia Medica and Repertories, most physicians doubt the "pure provings," as to which symptoms are due to the drug under trial, and which to the environment, or, above all, to the subjectivity of the prover. This is quickly answered; *every* symptom in a proving is a composite of *all three* of these factors, in varying proportions. But so, also, are the clinical symptoms, in every case of disease we are called to treat; and the "similarity" of the curative drug must be found in *all* of these three lines, if we arrive at the *similimum*. Lack, in either line, impairs the validity of the selection. Even the very personal traits, the texture and color of skin, hair and eyes, are significant; much more, the passing sensations, even if trivial.

Secondly, other skeptics are concerned as to the inclusion of symptoms in the Materia Medica and repertories, which, being observed in the sick, have disappeared after the remedy under consideration has been taken. This question is to be settled only by critical observation. Our best and most experienced prescribers testify that so far from being deceptive or unreliable, these symptoms are often of the most characteristic nature. That they have *not yet* appeared in a proving does not invalidate this, and this appearance, some day, must be expected.

Dr. Hering humorously said: "Such symptoms are like children, well born, but coming into the world by a breech-presentation."

Thirdly, other skeptics insist that either class of symptoms, if separated from their natural and observed grouping, and succession, are meaningless and useless. The answer is, that in pathological studies this is partly true; but that pathological studies are inadequate in prescribing, and that we are largely dependent upon pure symptomatology, in its most primitive form, at the bedside.

At the last, the testimony of experienced prescribers must decide this question also. Hering, Bœnninghausen, Jahr, Lippe, Dunham, Guernsey and a host of others have found that this theoretical and æsthetical objection is unpractical and misleading at the bedside, and that such symptoms are valid, and do not disappoint the user of them.

"Cured symptoms" are recognized by most physicians as bearing the very best credentials, but only an abundant experience can enable one to say that in new and strange combinations, or even standing isolated, they remain true to nature, are true and essential segments of a natural whole, and are reliable in drug selection. Experience, however, is too unanimously in favor of this conclusion to permit of further doubt, with all deference to those highly esteemed colleagues who hold the contrary view. Not yet found in a proving in a healthy body, Nature's law predicts and requires that some day they shall so appear; and if already in a pure proving, also, the evidence becomes final.

Rank of Symptoms.—One of the practical difficulties encountered in the practice of Homœopathy is the maze of symptoms, seemingly of equal value, of which every "totality" is composed, both in the chronically sick and in the provings—the materia medica. There

are three methods, or systems, in vogue for the practical solution of this difficulty. Individual physicians combine these, at will:

1. The pathological method, in which the provings are subjected to diagnostic grouping in advance, and the symptoms of the patient after similar diagnostic and pathological collation are compared, as a whole, with the pathological symptom-groups in waiting in the materia medica.

2. The key-note or "characteristic" system. The latter term is Hahnemann's own. The former phrase is, to the disease caused by any drug, somewhat as is the word "pathognomonic" to an idiopathic disease; *it names the drug;* subject, however, to exceptions. In other words, it is *super-characteristic:* it stands at the head of the characteristics of that drug, with which the whole *drug-tune* harmonizes, and is almost always found in the cases cured by that drug. And it is often irrelevant to any noble organ; is, indeed, often trivial, apart from its drug identification. We owe the term and its application mainly to Dr. H. N. Guernsey.

3. The system of *graded rank* of symptoms. Thus, of all clinical indications, the highest rank is conceded, in a general way, in acute cases, to the *latest symptom.* In chronic diseases, however,—not their acute outcroppings, which resemble other acute cases, and include recent drug-effects—in pure and simple chronic errors—the highest rank belongs to the long-suppressed skin affections, believed to be the root of the whole. After these, the symptoms of the noblest organs take rank and precedence in the picture – the "totality."

Lastly, the *psychic symptoms*—intellectual, moral, and emotional, with the will, plus and minus, outrank, *ceteris paribus,* all others in both acute and chronic diseases.

Heredity becomes, often, the ranking indication for drug-selection and for hygienic measures. And it is here needful to say that, in the view of modern pathology, the scrofulous taint, a form of "psora," is little else, to use the phrase of Dr. F. F. Maury, than "quarternary syphilis." The skin-clinic of Professor Duhring, in the University of Pennsylvania, has confirmed this view, to which he assents. A child, born with syphilitic pemphigus, for instance, and "cured" by routine treatment, reappears at two and a half years of age with scrofulous sore eyes, etc., no other known ætiology existing.

Pregnancy—the ante-natal period—is the right time to begin the

cure in such cases, judging of remedies by the symptoms of the mother, and of the other children if any there be, and of the father also. After birth, continuous and strict Homœopathic auspices are necessary to fit the young person to produce healthy offspring, and to live in health to old age.

Ante-natal treatment of a child is also the mother's opportunity; for she, herself, is the prime field of curative activity, in which her child, as part of herself, simply shares.

In girls and boys, the ages of teething and of puberty, and the years, more or less, before and after these periods, offer special opportunities of constitutional and radical treatment by the methods of Hahnemann.

All of these are in the line of physical evolution. The age of involution, also—called, in women, the climacteric—is truly held to be "the critical age," when chronic taints, with special symptoms, often seek to reassert themselves. Then, we should be prepared to give them the *coup de grace.*

Nosodes; "Isopathy."—The virus of any disease producing such material, according to Dr. Hering and others, is, when potentized, a similar, not identical, remedy to the same. Others insist on the identity; hence reject this sort of therapy as *isopathic* (*isos*, equal; *pathos*, disease). Hering, however, by proving these on healthy persons, established their right to a place in the Materia Medica and defined their particular indications; for instance, *Lyssin*, the attenuated virus of hydrophobia, which has a wide therapeutic range (see *Guiding Symptoms*). *Tuberculin*, too, is our ancient possession.

Dr. Samuel Swan, not hesitating to push this idea, extended it, with provings, to preparations of milk (*Lac*), human and other; to beef (*Carnis bovis*); to sugar (*Saccharum officinals*); to oatmeal (*Avena*), and many others; given *versus* cravings, repugnances, and ill effects alike; asserting great clinical success.

Typical Drugs.—Whilst individualization is the invariable duty of the physician in treatment, it is restful and helpful always to initiate this mental process from an anchorage in the consideration of a few pathological drug-types; thus in dysentery one must instantly perceive the type in *Nux vomica* and *Mercurius;* in pneumonia, *Bryonia*, *Phosphorus*, *Tartar emetic*, etc.; in acute fever, *Aconite;* yet none of these may be finally selected. Nevertheless,

they serve as fixed points whence we can the more readily proceed in comparison and differentiation.

A small *Domestic Practice*, by Samuel Morgan, M.D., may be recommended to beginners for this precise purpose. It can be carried in the breast-pocket.

Special Drugs.—Two common drugs (and doubtless many more) are of special interest, owing to the fact that they cure, on the one hand, certain perilous states, and, on the other hand, they severally control some common and troublesome but merely inconvenient conditions. These two drugs are *Aconite* and *Gelsemium*. *Aconite* is the remedy for profound, acute congestion, even with loss of consciousness. It also cures nervous anxiety, unwillingness to tell symptoms, otodynia, etc. *Gelsemium* cures scarlatina, with stupor and sudden outcries from ear-pains; also mild but active delirium in typhoid states. Again, it helps in neuralgia of the cervical plexus, in gastralgia, and in alcoholic and other forms of insomnia, viz., the "wide-awake" kind.

These two drugs often follow each other very well, and so are especially "complementary." They outflank and overlap the spheres of many other drugs, performing their *apparent but mistaken* duty. Thus after failure, in children's diseases, of *Chamomilla, Bryonia, Podophyllum*, etc., *Aconite* has repeatedly cured. Years ago, Dr. C. J. Hempel so taught; but he wrongly substituted *Aconite*—mother-tincture of the root—for proper attenuations of true curative and "similar" drugs, and reaction and neglect followed. *Gelsemium* often supersedes *Mercurius, Pulsatilla*, etc.

Yet another drug deserves a special place, viz., *Mercurius*. Most of its uses are well known. One, little if at all recognized, is in that mild but depressing periostitis which remains often after internal diseases. The ribs, the bones of the head or face, the coccyx, or the edges of joints, are tender on pressure with the thumb-nail. *Mercurius* cures.

Hering's *Analytical Therapeutics*—particularly its sections on "Mind," and on "Typhoid Fever," are types of Homœopathic clinical study. Hering's and Horne's Materia Medica cards or similar ones, home-made, are partly "clinical" in origin and character, and are very helpful for self-quizzing; having characteristics printed or written on one side, and the name of the drug upon the other.

Farrington's *Clinical Materia Medica* is substantially Dr. Hering's teachings interpreted and extended by an able, young and enthusiastic editor. Happy it is for Homœopathy that he lived and taught and wrote!

Dr. Carroll Dunham performed a similar office for his teacher, von Bœnninghausen, besides much original work. His *Homœopathy, the Science of Therapeutics*, is one of our "sacred books."

The Pocket Repertories, both of Jahr and of Bryant, quite diverse in plan, and now nearly or quite out of print, were exceedingly useful. Jahr's *Clinical Guide*, so-called, is founded upon the former, edited by Dr. S. Lilienthal.

Lilienthal's *Clinical Therapeutics* is an extension of the *Guide*, so far as concerns the detail of *known* drug indications, in particular diseases; is thus well-suited to recent converts, and to beginners generally. A repertory of the "symptoms" is greatly needed.

Hering's *Guiding Symptoms*, in ten volumes, is the most complete and reliable summary of Homœopathic experience and of verified provings, in existence. Among our English colleagues, the method itself is disapproved; they preferring pathological interpretation and application of provings; but to symptomatic prescribers, it has proved an essential aid. The author was, through life, wont to record the symptoms of his cases and when these disappeared after a *well selected remedy*, that fact was noted by means of his colored pencil. In constructing his book the varying phraseology of many different patients in describing the same symptom, has been largely preserved; enabling the reader to study drug characteristics from so many sides, as to give assurance of exact meaning in each instance. For example, see the "rattling respiration" of *Tartarus emeticus*, in this work.

Now whilst this method is, as already shown, not above theoretical and scientific criticism, it is, to some mental organizations, indispensable. Therefore, let us be devoutly thankful for its existence.

Dr. T. S. Hoyne's *Clinical Materia Medica*, after the plan of Renckert's *Therapeutics*, affords a vast mass of experience, which might now be much extended. Such books ever need an *Index and Repertory* to be quite available. Allen's *Index* is often essential.

Hale's *New Remedies* contains much valuable, but largely empirical information.

Raue's *Annual Record of Homœopathic Practice;* also his *Pathology and Therapeutic Hints*, afford a rich field of clinical study.

Guernsey's *Keynotes* are invaluable, notwithstanding all objections.

Johnson's *Therapeutic Key* is really a condensed pocket summary of all the authorities, and its many editions prove its necessity.

Our numerous monographs on special diseases, of which the type is "Bell on Diarrhœa," etc., are justly held in high esteem.

Gentry's *Concordance Repertory* affords a rapid alphabetic reference to clinical and proving symptoms, and their remedies.

A number of systematic text-books on Practice, Surgery and Obstetrics, are published within our ranks, and are worthy of attention.

The Repertories and the Materia Medica are here, as everywhere, in place.

Lastly, our numerous journals, and society Transactions, are full of therapeutic experiences of moment, which may well employ the leisure of post-graduates, in turn with other literature.

True Homœopathy has nothing to fear, and everything to gain by clinical study.

Besides "Bell on Diarrhœa," etc., we have others in the field of the *Specialties;* on the Nervous System, the Eye, Ear, Nose, Throat; Genito-Urinary Organs; Diseases of Women; of Children; of the Rectum, Hemorrhoids, etc.

Diagnosis has too much hindered our progress here, by apparently demonstrating lesions hopeless of medical cure; but the Homœopaths of forty years ago *must* have cured them; for these patients had a wonderful fashion of getting well. Membranous dysmenorrhœa, ovarian tumors, endometritis, cancer, etc., *were cured.* Just before the death of Dr. H. N. Guernsey, a great cure of the first-named malady was effected by me, through his counsel; and I have witnessed much more of the same kind, and so have others.

Original Work.—Such work as this is identical with that of the founder and the pioneers. Expressed in scientific form, it belongs to the department of *Original Work!* This it is that has furnished to indolent and mercenary doctors, the clinical material of our School, the so-called "usual symptoms," by which they always hasten to their prescriptions, and earn their money; and which are literally their "stock in trade;" they being personally incapable of the said "original work;" and who habitually sneer at their benefactors.

The *Cyclopædia of Drug Pathogenesy*, a condensed, synoptical work, recently published by the joint efforts of the British and American national societies, supplies a former lack in this line, and with its Repertory will undoubtedly advance us in the future without superseding older books.

Reading Between the Lines.—This is a common exercise of the human intelligence, since not all things are as they seem. In the repertory and in the Materia Medica, interpretation is often needed, in order to get the just meaning of a symptom; it may say too much, or too little. Rash interpretation must be avoided, but the mind should be on the alert in this way. For instance, Dr. Lippe complained to Bœnninghausen that "aggravation by wearing the hat" was not to be found in the extant edition of his *Pocket-Book*. His reply was: "Yes, it is necessarily included in 'worse by covering the head.'" *Such* reading between the lines is always in place.

Again, *Gelsemium* produced intestinal symptoms under depressing excitement; but it has been successfully applied when no intestinal symptoms were present.

Dr. Hering, being a Swedenborgian, laid stress upon a branch of this subject, falling under "the doctrine of correspondences." A special thought of his was, that certain persons correspond to, and represent certain animals of known physiology and habits and symptoms. Thus, a hog, human or other, will grovel in the dirt; and *Sulphur* presents a physical, and hence, a psychical affinity to both, and thus a physiological and pathological adaptation to both. Again, long before Schüssler wrote he has said, "Wherever an inorganic substance exercises a physiological function in the nutrition of the tissues, there it is sure to be an important remedy in sickness." (*Sulphur* in all albuminoid tissues.) He compared people who cannot vomit with the horse, which also cannot vomit. In the language of Evolution, this kind of correspondence would be called "physiological homology." Hausmann, Schüssler, Grauvogl, Morgan have pursued this subject in old publications.

Dr. Samuel Freedley informed me of his curing himself of an "old man's ulcer" of the leg by *Tarantula cubensis*. I reasoned that an animal so low represents degraded human tissue, and is homologous with low disease-changes. Hence I have used *Cimex* with benefit, in ulcer of the rectum, and *Apis* in gonorrhœa, etc. All of which is "reading between the lines."

The germ-doctrine as related to Homœopathy has agitated many among us. The first impression of such was that it might render infinitesimal doses in germ diseases absurd, indeed, and that the rational treatment of such diseases must needs be germicidal. Diphtheria, in particular, was the field of conflict; for the Hahnemannians held their ground by faith and cured their cases, as before, with the similimum.

The latest light of bacteriological science fully justifies them. It is now determined, firstly, that, internally at least, germicides are improper; secondly, that healthy blood-serum and other fluids of the body destroy the life of the disease-germs, and that then the white globules devour and digest them; thus, thirdly, the one thing needful above all else *versus* germ diseases is to maintain or to restore the vigor of the organs and tissues which generate these germicide fluids and globules continuously during life. This is the special office of Homœopathic medication, supplemented by hygienic care. Doubters may now rest in peace.

The "orificial philosophy" in medicine. The surgical successes of this new element in the healing art have done much to divert Homœopathic *physicians* from their own specialty and to aid in the dominance of "the surgical epoch." This is scarcely necessary. Many orificial lesions are still amenable, as they have always been, to Homœopathic remedies skillfully chosen and administered.

Our present concern is the recognition of the inlets and outlets of the body as special disease *foci*. An old doctrine is here brought prominently into view but in a new dress, in a new light and with great extension, viz., vital *sympathy*. Not alone the sympathetic nervous system, but the spinal reflex system as well must be considered in this philosophy; and both not only as to the motor reflexes, but also as to reflex sensation and functions, and trophic or nutritive reflexes affecting the most remote and diverse tissues and organs.

In looking over our written notes of former cases we are struck with the many *anomalies*—not always paralleled in the Materia Medica—in all these particulars which have distressed the patients and distracted the doctor. And now the orificial philosophy has come to teach the profession how to grasp and utilize these and give them a natural grouping; to "read between the lines" in this new direction, and to aid the Homœopathic physician in exposing

the occult "totality of symptoms" to objective recognition by eye-tests, by the rectal speculum, and by all the modern methods of *examination*. Methinks Hahnemann himself would delight in these were he with us, and would insist that our drug-provings be perfected by like means, that our selections might be more and more precise. No one more than he has valued positive objective demonstration of morbid alterations, but in his day this was sadly restricted by the limitations of general knowledge. Let our future prescribing intelligently reflect our present advantages!

"*Treat the Patient not the Disease.*" This dictum of the pioneers, now classic, is distinctive of *pure Homœopathy;* which, however practical exigencies may seem to cause any to depart from it, is the only possible "point of departure," as navigators phrase it, and it is ever in view, also, as "the returning point," as rhetoricians say.

It is justified in two ways: Firstly, by the fact that "totality of symptoms" means *the whole man*—nothing less. Secondly, that, like a derelict householder, the man is the *sustainer of a nuisance called disease.* A municipality does not itself, usually, abate a nuisance, but calls upon the householder himself to do so. Homœopathic solicitation of the living organism, or its "vital principle," does the same thing as to every particular disease. The attack upon disease, *per se*, savors of surgical coercion.

This may, indeed, be needful at times, but should never be confounded with *medical practice* proper. It is wholly exceptional. The pure medical idea, we repeat, is purely Homœopathic.

The Medical Idea, in the *Treatment* of *Tumors;* of Intestinal *Worms;* and of *Parasitic Skin Diseases.*

This is largely a matter of "treating the patient," rather than the disease; for, although local sensations and objective appearances have much influence in drug selection, nevertheless, these are still only *emphasized* voices in which we hear that of the *suffering vital principle*, as Hahnemann would say; the witnesses of the error of the whole living man. These, together with the "generalities" and mental symptoms, can point out to us the lines on which "Homœopathic solicitation of the imperial vital principle" may be offered, and by which nature's curative reaction may be received.

In a word, our business is, to make the living soil so healthy and resistant that it will no longer afford a nidus for the tumor or the

parasite. In all germ diseases, likewise, this is the aim, and this the successful practice, of the genuine Homœopathic physician.

Our *surgeons*, in the old days, realized the vast superiority of our law and our remedies in the after-treatment of wounds, accidental or operative, and of "surgical diseases," so-called; and the excellent work of Dr. J. G. Gilchrist, entitled *Surgical Therapeutics*, illustrates their practice. To day, however, it must be confessed with shame that surgical therapeutics is the same, almost, in both schools, and that, often, our surgeons mildly resent, to the detriment of their patients and of their statistics, all suggestions of "Homœopathic purity," and, particularly, of Hahnemannian individualization.

The sources of surgical progress in the old world are, also, the tyrants of surgical therapeutics, and their dicta are, by both schools more or less, regarded as final. The remedy for this lapse, on our part, is to establish, in all our surgical hospitals, a rule of therapeutic consultations, in all cases, with competent exponents of sound Homœopathy.

Contra-indications of Remedies.

Drugs may be deleterious to the organism, even in homœopathic doses. It follows that in certain cases, where the chances of life are already very slight, that use of an unsuitable drug may even prove lethal. It is important, therefore, to study this matter well.

1. Too great persistence in giving the right remedy, also too material doses, impose too much of the "primary effect" thereof upon the living body. High potencies may overdo, in the general sphere of the organism, and in the nervous system.

2. Persistence with one potency beyond the show of vital reaction may retard this; whereas a change of potency, higher or lower, may revive it.

3. Giving a drug suitable to the leading local symptoms, but unsuited to the *temperament*, often does harm. Thus in a fever, with drowsiness, suffused eyes, slow motions, crimson color of the whole face to the hair and the ears, *Gelsemium* is indicated, not *Aconite*, nor *Belladonna;* and both of these are contra-indicated.

And if the patient is anxious, restless, thirsty, sure of speedy death, etc., neither *Gelsemium*, nor *Belladonna*, but *Aconite* is suitable.

Or if he is hasty, audacious, maniacal, with sudden notions, and dry, throat, all but *Belladonna* are contra-indicated.

4. Some drugs are contra-indicated by the nature of the existing *morbid process.* Thus blood-poisoning, typhoid or other, has little in common with the sthenic *Aconite*, but calls for *Gels.*, *Bapt.*, *Rhus*, *Bryonia* or *Arsenic*, asthenic drugs. The first is, hence, usually contra-indicated in the height of typhoid fever. Teste points out that drugs are likely to suit best the temperament and the diseases of mankind, in their own habitat. *Aconite* is a mountain drug; *Gelsemium* growing in low, damp, warm, and malarial districts.

5. Symptomatic antipathy, of course, is always a contraindication.

6. *Inimical drugs* are such as do not follow each other well—as, *Apis* and *Rhus; Phosphorus* and *Causticum*—and exert, thus, bad effects, and so are contra-indicated. (See a pamphlet on this subject by Charles Mohr, M.D.)

Dosage.—As an addendum to this part it is needful to refer briefly to the question of dosage.

The "minimum dose" of Hahnemann is a relative measurement only, and means "the smallest dose sufficient to cure;" and this measurement must be determined by each physician for himself and for each individual case separately. In general, we may accept the empirical formula, viz., "all drugs have double and opposite properties and effects, according as the doses are large or small," and admit that the former show dominant primary or "physiological" effects, the latter dominant secondary or opposite effects. From this vantage ground we may consider the neutral point between these and both extremes.

Management of Remedies and Dosage.—A few detailed suggestions on these matters, as seen in daily practice, will, doubtless, be acceptable. And in the first place, it should be said that in acute diseases both high and low attenuations are effectual; but that the more extensive the anatomical lesion the more solid the affected organ, and the greater the degree of tissue alteration the greater the tolerance of the low and even of the lowest. On the other hand, the less extensive the lesion the less solid the tissue affected, and the less the tissue-change—in short, the more purely functional is the malady the more needful are the highly attenuated preparations. Also, the personal sensitiveness is a leading reason for corresponding dosage. A *plus* of this demands the higher; a *minus*, lower.

Recent intermittent fever does well on low attenuations, as of *Gelsemium*. Confirmed cases demand the higher, *e.g.*, the thirtieth centesimal and upward of *Bry.*, *Puls.*, *Nux v.*, *Natr. m.*, *Ars.*, etc. The lower attenuations (1x to 6x) are usually repeated in hyperacute disease very rapidly, say, five to twenty minutes. In common acute cases hourly or oftener, "until an impression is made," *i.e.*, until distinct and positive improvement is noted; then, less and less frequently—"tapering off," as it has been called, as the lesion subsides with the symptoms. But if, instead, an "impression" of aggravation sets in, due to the drug, a higher potency is given, provided the *symptoms* still indicate it; but if these have changed, and the lesion remain unsubdued in great part, then a re-examination and a new drug are in order. If every prescription aggravates the symptoms and the lesion be in abeyance, and if, besides, the *vitality* be better, all drugs should be stopped and a placebo or else nothing be given; permitting, now, the "secondary vital reaction" to occur, without the least interference, *so long as improvement continues.* "Improvement" recognized, even when it is as yet limited to the psychic sphere, the physical is sure to follow, duly.

In subacute diseases the doses are given about three times a day for a week; although some physicians repeat much oftener if the system tolerate it, even in chronic cases. Change of symptoms is met by change of the drug.

Low attenuations in chronic diseases are repeated once, twice, three or more times per week. Sometimes, if *counterbalanced* by obstinate lesions in *similarity* with the drug every three hours has been borne, *e.g.*, *Rhus tox.* 6, in cutaneous syphilis, continued some months, with *Bryonia* as an intercurrent remedy for "muscular pains."

High potencies (attenuations) are usually given more sparingly. In collapse, after exhausting disease, one dose only can be endured. *Per contra*, in early cholera, etc., every five minutes to twenty minutes. In acute diseases, sometimes, a single dose will carry the case to the curative reaction. But better work is likely to be done in such cases by some repetition; *e.g.*, three doses, one hour apart; or four doses, two hours apart, and if, after an improvement, exacerbation occur, repeat and give six hours apart. Six, instead of four doses, if the patient's organism be known to be refractory to Homœopathic remedies—also every two hours. This is often satisfactory in confirmed intermittent fever; sometimes, however, twelve doses

do better. The placebo is, of course, much used with the higher attenuations, or rather, commonly, after them, viz., *Saccharum lactis.* Much lesion justifies hourly doses for one day, or every three hours if less; gradually lengthening the intervals.

In subacute diseases two doses every second day, six in all, is well; but every night, or every second night, may be preferred if very gradual effects are sought.

In chronic diseases one dose may cure. Two doses are more emphatic, two to twelve hours apart. Or, three doses, one-half to one hour apart. Or, four doses, one every third or fourth night. Sometimes, as in tumors, a single dose, once in thirty days, as of *Sepia* or *Hepar sulph.*, has done good "alterative" work.

High Potency Aggravation.—Sudden increase of lesion and serious aggravation of symptoms in acute disease demands a placebo. If the drug were the true similimum the case will hold its own thereunder for about six hours, and then a rapid improvement, in every respect, may be surely expected. Such a case, however, should be faithfully watched!

In chronic disease a primary aggravation is a good sign, and usually lasts about three to four days; sometimes, however, one or more weeks; whilst the physician must stay his mind upon the assurance of his skillful selection. No repetition, of course, nor change of remedy is proper if this assurance be well founded. The secondary vital reaction is now his objective point, and at that point the cure becomes apparent as a coming event. (See Hahnemann's *Three Rules.*)

A word as to "*schools of practice.*"

A symbolic view of the entire healing art, with all of its theory and practice, may be had by taking a rod or wand and inscribing upon the two ends and the middle certain words, viz.: On one end, "coercion—surgery;" on the other end, "solicitation—medicine;" and on the middle "palliation" (including all kinds). "Practice" is addressed to living nature; *the surgical idea* is, *nature intending to go wrong;* our aim, *therefore,* is here wholly to coerce her to the will and subject her to the dictation and manipulation of the doctor. Sometimes—that is, in proper cases—she kindly consents; in all the rest she resents and defeats the effort. Not only the knife, but drugs also may do the surgical work, as emetics, cathartics, etc.; and the result is, as stated, still variable. This "surgical idea"

and its practice are, in one word, "Allopathy," as now before the world; and this word is hence to be written also upon the surgical end of the wand, with no offensive but with a purely philosophical meaning, of course, as originally used by Hahnemann himself.

Again, *the medical idea* is, *nature is striving to go right*, but is diverted by lack of proper suggestion, or stimulus, or solicitation; *the least sufficing*. The aim here is to recognize her *proneness* to cure; her *sole power* to cure; her need of suggestion, guidance, stimulus—in one word, of *solicitation*—at the exactly right point or points in the organism, as shown by the symptoms and under the law of similars. To this solicitation, in all curable cases, she responds and cures the whole disorder—restores the whole patient.

This "medical idea" and its practice are, in one word, "Homœopathy," as now known to the world; and this word is therefore to be now added to the inscription upon the medical end of our wand.

Lastly, the middle of the wand includes all that is not absolutely surgical or medical in the healing art, viz., dietetics, sleep, clothing, and the whole field of physical and psychical hygiene. "Poisoning" and its treatment belong properly to the surgical end; after-effects of *dynamic* sort to the medical end. But what further palliation is to be classified? Answer: All the "adjuvants," so called, of *medical* practice—non-medicinal applications, non-surgical expedients, etc.; and, lastly, the "similar remedy" itself may be considered. Old-school practice is so largely palliative that it seems fitting to call it *the palliative school*. But mark the difference! The palliatives of the latter are most characteristic upon the *surgical* or coercive *side* of this centre! Those of the Homœopathic school are *neutral, e.g.*, water, hot or cold, demulcents, etc. (as, powdered gum arabic, in moist ulcer of the nipple); as a rule neither medical or surgical, but if otherwise they are found upon the *medical side* of this centre! Indeed, Dr. Henry N. Guernsey used to assert that "the best palliative is the Homœopathic remedy!"

A connection may also be formed between the two lines of professional thought and experience by assimilating equivalent phrases in use by both. Three of these pairs are as follows: Our "primary effect" the other side call "the physiological action," and this is their main reliance. If this be subject, as in *Digitalis*, to sudden toxic excess the effect is ascribed to a yielding of resistance, owing to the storing up of the drug in quantity in the system; its victory

over vitality *then* occurring. Now, we see our minute doses do likewise, but in a mild way. According to our respective ideas, *they* entitle this phenomenon "cumulation;" *we* say, "drug-aggravation."

Again, in chronic cases, they give minute doses of *Iodine*, *Mercury*, *Arsenic*, etc., acting in a quiet, subtle way, not understood; they call them "alteratives." We say, "antipsoric," antisyphilitic," "antisycotic" remedies.

It is not to be inferred that either school of practice confines itself logically to its own end—its own characteristic field, or that truth and consistency demand that it shall do so. The correct principle is simply, to treat *medical* indications purely by Homœopathic remedies, with neutral palliatives, if necessary; on the other hand, to treat *surgical* indications accordingly, and finally, never to confound them. Physiological errors, and the resulting alterable anatomical lesions, always belong to the former class. The best treatment of "diseases" by the senior branch of our profession is, "Homœopathy, unawares," crude and mongrel-like, indeed, but recognizable. In our own school, the converse is too often visible; hence, this paper! All the malicious insinuations uttered against our loyalty will, however, fall to the ground whenever we ourselves shall sharply distinguish between medicine and surgery, as above.

In many painful affections people clamor for *a liniment*. I then prescribe, with good and innocent effect, the following: Alcohol, two ounces; Sweet oil, one teaspoonful. Mix in a *new* vial, with a new cork, and apply as needed.

Narcotics and other drug palliatives, germicides, and condiments, tobacco, *et id omne genus*, as a rule, do not prevent the specific action of well selected Homœopathic preparations; but they nevertheless may work evil in the system, each in its own way, independently of our drugs. Only, if they are *similars* to the latter they may have some antidotal effect.

A familiar instance of a Homœopathic remedy fulfilling its specific work, despite medicinal conditions and the like, and even in the face of the fact of "similarity" itself is seen in the unerring action of *Natrum muriaticum* or Sodium chloride, when prepared by attenuation or "potentization," notwithstanding the *crude* substance is in simultaneous use in most articles of food. This is a stumbling block to some superficial thinkers, but is easily explained, thus: the potentized drug, so far as *dynamic* activity is concerned, apart from

chemical and physical forces is experimentally found to be the superior; hence, the term potentization. The provings of *Natrum muriaticum*, already mentioned, have revealed this astonishing fact and established it beyond peradventure. *Silica*, *Aurum*, and the other *insoluble* drugs have added their confirmation.

A common Homœopathic experience is the *mutual* antidotal, or, at least, modifying power of the higher and the lower attenuations of drugs. Often, when a drug has acted in excess of equilibrium with disease forces a *change* of potency, in either the upward or the downward direction renews the good effect or abolishes a bad one, *i.e.*, "antidotes" it.

Dr. H. N. Guernsey, in view of this, was in the habit of treating chronic tobacco poisoning with *Tabacum* in high potency.

Pain and Analgesics.—Many "analgesic" drugs are now offered for our favor, but we cannot, with impunity, forget that only the *totality* of symptoms (pains included) can justify any prescription. *Pain* is the *second point* in Bœnninghausen's system of selection, and a rightly selected drug, duly regarding *location*, *kind* of pain, and the conditions of aggravation and amelioration represents a *specific* analgesic power, with which crude non-specific anodynes have no right to compete or to interfere. Thus it is that the best anodyne is the "similar remedy," and also the most prompt and permanent. Hot or cold applications, wet or dry, may be of *temporary* service, likewise satisfying clamors which, sometimes, cannot be put off; and they are not hurtful if properly managed, but they must be non-medicinal, as a rule, or, if medicated, it must be with the similimum, and the same remedy as that given internally.

Consider *Aconitum* for wound pain and any severe pain with distress, worry, feverishness, restlessness, and looking for death. *Chamomilla* when one must walk the floor, and can scarcely or not at all speak civilly. (Besides, consider the *whole* case.)

Soporifics.—*Sleeplessness* is another evil little tolerated by patients and friends. Indeed, it is devitalizing, *per se*, quite as much as is pain. Two principal kinds of proximate causes, I think, are responsible for it, and by *removing these* it may be controlled. Firstly, *physical discomfort*, as from heat or cold, general or local, hunger, thirst, uneasy position, or pain. Careful and minute diagnosis of such causes is preliminary to removal, of course. *Unconscious muscular effort*, often trivial, is a common condition of insomnia. Hold-

ing up the chin for free breathing is a common form of this; it should always be suspected and eliminated. Elevation of the head from the pillow for hearing or other purposes, if but to the height of a millimetre, suffices to keep one awake. Supporting a knee or even a finger will do the same.

The remedy is to "give way all," and *fall* asleep. One who has tried this proceeding testifies that its effect is always instantaneous. *Pain*, as above discussed, again requires consideration here in the same terms.

Secondly. *Mental preöccupation*, pleasant as well as unpleasant, is inimical to sleep. Hence, monotonous, dry reading, or grave, heavy, muffled, uncertain sounds, as of *distant* machinery or vehicles, are often soporific, whereas high, short notes tend to the opposite effect. That form which attends nervous alertness and tension and morbid attentiveness is here particularly referred to. *Gelsemium* and *Coffea cruda*, also *Kali brom.*, in potency, if no physical or other symptoms are superior in the case, are of the greatest service. If with malignant fevers, *Belladonna* or *Hyoscyamus* may supersede these at times. In insanity, *Kali brom.*, *Capsicum*, or *Arsenicum*, or, if with an *omnes admirari*, or else a *very busy* mood, *Sulphur*. In infantile colic, *Magnesia phosph.* In peritonitis, *Arsen.*, *Rhus*, etc.

With proper precautions, avoiding conversation and other noises in or near the room (particularly with sensitive infants, little children, and nervous people), and following the foregoing suggestions, there will be little wish to tamper with objectionable drugs. In this connection, be it remembered that fatal brain disease after "summer complaint" in infants usually happens as a sequel to using some form of opiate.

Bathing or sponging the feet, hands, face, head, etc., with water, cold or hot, as most agreeable; brushing the hair; gentle patting or stroking of the surface; any of these may help, if agreeable and *desired*, in certain cases. Rhythmic movement of one foot in bed, by a friend, has proved *very soothing* in "brain fever."

Constipation.—Full meals, full water-drinking, full exercise, and full opportunity for obedience to nature's calls, in spite of those of business and pleasure, these are the sufficient conditions of a good state of the bowels unless they be the seat of disease. In the latter case, of course, the similar remedy also.

Sick regimen, of course, generally means empty bowels, and they should, therefore, until convalescence, with resumption of eating, be mostly let alone.

In health, or when about the house, there must be no sitting down immediately after breakfast, particularly not in a rocking-chair. A walk, then, of five minutes, with the thoughts concentrated upon the intended evacuation, *excluding all other subjects* religiously. Then, ten minutes consecrated to the act itself, regardless of engagements of every kind, carefully avoiding reading, smoking, and all other diversions. This daily, with coarse-grained diet and the Homœopathic remedy, will often suffice. But sometimes this programme is impracticable, in which case use, per rectum, the so-called "gluten suppositories," which, really, are made of cocoa-butter only, containing the relics of the pulverulent cocoa itself, an important aid in the aperient effect, as it would seem. These may be repeated every night, or night and morning, or oftener, until success is attained. In a *few* cases the straining which follows may demand relief by a hot water enema, one and a half pints retained twenty minutes; repeated several times in the day, if needed, until regular action is established. A piece of soap of any kind, or a smooth, white sugar almond, may answer for a suppository, if this be inaccessible.

In very feeble persons, especially if stubborn in rejecting these measures, fatal collapse may follow prolonged straining. This must on no account be permitted.

In *surgical cases*, laxative drugs are not out of place, as prior to herniotomy, etc.; especially the "liquorice powder," or even castor oil.

Debility.—Again, our patients, in convalescence or otherwise, often clamor for *a tonic*. Good food, well digested, is the real, permanent tonic, of course. Tender, rare beef, whole wheat-flour bread, oatmeal, plain maltine, good milk, cream, buttermilk, butter, fresh eggs, and unfermented wine—these are the type.

Sometimes these are declined. If so, *the best tonic* and appetizer again *is the similar remedy;* for instance, *China, Ignatia, Lycopodium, Natrum muriaticum, Nux vomica, Pulsatilla, Sulphur*, etc., with fresh air, exercise of existing powers, massage, etc.

When, however, the debility is the most commanding symptom, this indication becomes a *leader*. Here several drugs compete, viz., *Arsenicum, Ferrum* (the acetate), and *China*, in the first rank.

Arsenicum, high, if the debility be out of all proportion to any attendant ill-health or lesion, with fear of solitude, desire for external warmth, <draft of air. One to four doses—all within six to eight hours, or once every six hours, followed by *Saccharum lactis*—have often transformed the scene speedily.

Ferrum aceticum 2x, one-half grain, three times daily, *immediately* after meals, as recommended by Dr. Bayes, of London, is exceedingly useful when anæmia with debility seems to account for a stubborn resistance to "similar" remedies. Among the cases in which it has served me well I will specify those children growing tall, full of activity, which exhausts them and keeps them thin, susceptible, weak, and pale.

China.—When exhausting disease or loss of blood has preceded the debility, and perspiration attends the least exertion, <on breast and back.

Antipyretics.—Open, sthenic fever is the natural antagonist of malignant congestion; and it should be regarded as such, and not too much decried.

Yet, it means local irritation, or septic infection, one or both, and these should be controlled, in every way; then, fever will cease. In chronic diseases, coldness, heat, sweat, are full of significance, as indications in part; fully as much, indeed, as elsewhere.

In Homœopathic drug treatment, strict symptomatic differentiation is required.

Thus, we give *Aconite*, when anxiety, worry, restlessness, thirst and prediction of death obtain.

Belladonna, when hastiness and positiveness, red face and violent frontal headache.

Gelsemium, in crimson-faced fever, with flushed, sleepy eyes; troubled sleep; malarial influences.

Ferrum phosphoricum, in young people of good habit; more lively than with *Gelsemium;* more composed than *Aconite;* less intense and hasty than in *Belladonna.*

Nux vomica, when a smouldering condition appears, and when many remedies, or old-school treatment, has preceded; late cases.

All drugs can cause, and hence cure fever, along with the totality of symptoms; this guides us. Sometimes the most unsuspected will prove tnemselves heroic. Thus,

Kali carbonicum, high (Potassium carbonate), abolished severe pleurisy, with temperature above 105°—fever and all, in an old lady.

The *palliation* dloc *of fever* by sponging, affusion, bathing, etc., may be resorted to; but, often, tepid water does better. *Profuse sweating* should *always* be treated by tepi sponging, under the bedclothes, without subsequent towel friction.

The covering, in high fever, should consist of a sheet only, with, perhaps, a light cotton spread. at the most.

The general subject of *Antidotes* requires mention here.

Toxicology presents us with a series of chemical poisons, often corrosive or at least irritant, and with each a series of substances having the power to chemically neutralize it, or otherwise render it inert, insoluble, etc. Also, other substances, acting physiologically in antagonism to its after-effects. All are called "antidotes."

In Homœopathy we discover another sort which, on the contrary, antidote each other in consequence of the *similarity of their symptoms* in pathogenesis or provings. These we call "Homœopathic antidotes." Our older authors, as Jahr and Teste, made great account of these, and in the introductory portion of Jahr and Possart's *Repertory*, under each remedy are given its known Homœopathic antidotes; also, those drugs which follow it with most frequent known advantage in therapeutics; and, lastly, those which it follows well; each being, of course, given singly. Such remedies, often completing a curative action already begun, are said to be (borrowing a term from mathematics) "complementary" to each other.

Nowadays, instead of direct efforts to *antidote* drug-aggravations, we *commonly* rely on the happy effects of these *sequences*, which practically accomplish the same end; always determined, as they must be, by the *totality* of existing symptoms.

After *Allopathic* medication, Prof. C. G. Raue advises to preface the Homœopathic treatment with *Nux vomica*, one or more antidotal doses, as already mentioned.

A strict adherence to Hahnemann's methods precludes the use of antidotes to Homœopathic remedies in great measure. Given the "minimum dose" without undue repetition, and the true similimum being selected, drug-aggravation means simply that the similar drug disease is supplanting, and, therefore, curing the original malady, and that under a placebo the "secondary vital reaction" will, ere long, prove it. By no means, then, let it be antidoted!

The employment of antidotes, *whilst proving a drug*, is a great abuse, and goes far to vitiate the result, besides depriving the world of a full pathogenetic picture, *in all stages*. Young student provers, with college work to do, often thus destroy or impair their own contributions to medical science. Moderation in dosage, with patient waiting, watching, and recording, is the solution of this difficulty.

The enthusiastic, practical, and successful cultivation of "the medical idea" implies a certain unfaith in "the surgical idea," and at the same time, a habit of subjective thought. Equally, on the other hand, the surgical idea displaces the medical, and its habit and its faith are almost wholly objective. The two are, at any given moment, psychic incompatibles—exclusive, dogmatic.

Either, however, is but *a mental bias*, not to be mistaken for absolute and universal wisdom, but understood to be a sharp limitation against it; yet, as being ever complementary, the one to the other, and both as being entitled to mutual respect and mutual sway. As in all other cases, man's gravest errors herein lie more in lines of denial than in those of affirmation. False affirmations soon correct themselves; but denials are easily maintained, and, however erroneous, are ofttimes incorrigible.

In conclusion, we may say, that less than the following, as a college programme, is not in keeping with good faith toward Homœopathy, viz., in both the junior and the senior years, besides the complete didactic course, a full series of *subclinics* should be included as a "specialty," in which a rigorous drill in the Hahnemannian methods should be given by competent teachers and *practitioners* thereof; directing placards being also hung up, within view of all.

"Taking the case," selecting the remedy, choosing the dosage, and the succession of remedies, etc., writing records and marking them for subsequent disappearance, amelioration, or aggravation of symptoms and lesions, from visit to visit, should be taught to, and practiced by, each and every student.

Such a course of instruction would create, not slavery to Hahnemann, but a reasoning and experimental acquaintance with him, most essential to the true advancement of our cause, but which is, at present, the very least of the accomplishments of the average Homœopathic graduate.

A course of study, such as that above marked out, cannot do more than mere justice to Homœopathy in a full graded college course. Less than this is injustice to a holy cause—a sacrilege, in short.

Thus, we may realize how distinct is Homœopathy as a grand department among all others in a medical course, and, moreover, in view of its fundamental truth, how commanding and supreme in the presence of them all!

The institution of the four years' course for under-graduates, as well as of post-graduate curricula, I feel, calls for the immediate and effective interposition of our highest authority in behalf of its future!

Psychic Cure.—In presenting this subject I do but follow the example of Hahnemann in the conclusion of the *Organon.*

Great is the power of mind over matter! Great the power of the mind over the body! These sayings have become axiomatic; even the materialist accepts them, with his own glosses.

For ages "regular" medicine embraced and practised upon the *dominance of the soul* in life. The materialism of the moderns has declared against it and such practice has been relegated to the realm of charlatanry. Mesmerism, of which Hahnemann* was an exponent, was, of course, long ago tabooed as simply an *ism.*

But time has already avenged the soul for the contempt of a generation, and *psychic cure,* in some form, is in everybody's mouth. Mesmerism under other names is not so bitter; and great men, as Charcot and others, are not ashamed of "thought transference," "mind-reading," "hypnotism," and "suggestive therapeutics." A regular text-book, so entitled, is published by the house of Putnam, in New York. In Homœopathy, Dr. H. N. Guernsey declared the soul to be the real seat of disease, and the highest potencies its "nearest of kin."

It would be quite unscientific, to-day, either to ignore or to fail of tracing psychic cure to its highest development. Throughout, the *nature* of *psychic force* is evidently but one, from the fascination of the serpent or the malignant wish or curse of the voodoo, upward. Its evil and its benevolent acts are alike in kind, different in purpose, plan, and effect; its moral quality according with the will of

---

* See, also, Reichenbach, on "The Odic Force."

the actor and of the subject as well; for co-operation intensifies and multiplies, whilst antagonism nullifies it, at least in part.

It is necessarily in correlation with all other forces, physical and physiological, and is convertible into them at need.

Absolute faith—that is, intellectual conviction with emotional consent—means *psychic preöccupation;* and must needs inhibit all opposite states. The higher the sanctions, the higher the efficacy, of course.

The psychic cure of disease illustrates all this. The patient must be just and benevolent in purpose, or his malevolence will antagonize the benevolent will which purposes his cure. He must confide in that will or his unfaith must surely block its access to him.

The simplest form of psychic cure is *self-cure.* One illustration from army experience will suffice. A young medical officer about to mount his horse for a march, found himself with a malarial fever. On being offered medicine he declined, saying: "*No; I believe I can throw it off.*" He rode on; his *faith in himself* mastered the fever, and directly afterwards he was well.

And now, mark! it was by no violent exertion of "will-power," but by *self-faith,* inspiring quiet, calm, and resolute *self-control.*

Not many persons, however, are equal to the same. To such, the sympathy of friends may supply the aggregate of curative force needed; or the assertion or "suggestion" of an operator—call him mesmerist, or hypnotizer, or doctor—will accomplish more if the patient agree, or mayhap in spite of him.

"Christian science" or "spiritual science," so called, originated with Mrs. M. B. G. Eddy, of Boston, a few years ago. It proposes to teach each person to rely upon "the divinity within," with a threefold or composite faith—in the teacher, in indwelling divinity, and in *self,* thus empowered; the purity and faith of the healer and teacher being premised.

A lady practitioner, being asked what and how long is "a treatment," replied, in substance, "I sit alone with my patient, in quiet agreement, and assertion of this (three-fold) faith; my mind excluding and *denying* all antagonisms; all subserviency to material forces; to social, medical, and other tradition or authority; to any and all fetters; denying all faith in the domination of evil of any kind; hence, all ill-will, all fear, all disease. I deny all these, for both of us.

"On the other hand, I continuously maintain and *affirm*, for both of us, our perfect good-will, and our freedom, and purity of purpose toward all beings: our *assurance* of the indwelling divinity; of the universal human enduement, including ourselves; of the unapproachable supremacy of spirit; of *our* spirits, coupled with the universal Good; its omnipotence, in the presence of so-called matter, and the physical forces. I further affirm and maintain, for both of us, that *Good* is the very essence of divinity, *the only absolute;* the original substance of all things; and that health is ours, in consequence.

"And *how long* do I continue in this close mental relation with my patient—now my pupil and my friend—and what is the length of the 'treatment?' Why, whether five minutes, or one hour, *until I see the Truth!*

"If I, only, reach this point, the treatment is efficacious. The patient, however, after a while, resuming her relations with the contrary and noxious—that is the ignorant, falsely polarized thought and tradition in which all her troubles (mental, and *hence* physical) were originally brewed, resumes also the downward trend, in the old order, and the treatment must be (usually it is so) repeated, from time to time.

"If, however, she, too, sees the truth with me, and maintains it against all hindrance, she needs me no more, so long as no taint falls into her being. She is now herself a teacher and a healer." And this lady had real success in healing. Hygienically, at least, such high optimism must be credited with great powers.

Once more, and highest—"*Divine healing*," as expounded by its excellent and exemplary teachers, takes the standpoint of orthodox theology, the promises of Jesus, and the practice of the apostles; and particularly, by command of St. James (Epistle, chapter fifth, verses thirteenth to fifteenth), anointing with (olive) oil; and the prayer of faith. And many have thus recovered.

One of the earliest exponents of "Divine healing" in America was the greatly beloved and loving Dr. Charles Cullis, recently deceased; one of our own school; one of the Christian philanthropists of the age, and a citizen of Boston, Massachusetts.

Hahnemann, in his own way, received also a gift, all divine. The world will ever need it. Let us be forever thankful for this, and for all other divine gifts; and let our faithful cultivation of Homœo-

pathy prove to all men that we are of the Truth, and that the Truth hath made us free.

ERRATA ET ADDENDA.

Pages 10 and 11; *Action and Reaction* should be read at page 12, preceding Prognostic Symptomatology.

Page 19, line 12, read: But that capacity is too often but puerile.

Page 32, after the remarks on the works of Dr. Richard Hughes, add: Also, Bayes' *Applied Homœopathy.* After these works have been studied, Jahr's *Forty Years' Practice.* Later, Hahnemann's *Chronic Diseases,* vol. i. *Therapeutic Methods,* by J. P. Dake, M.D., is suited to all classes of readers.

Page 35; read: *Nosodes,* from Greek *nosos,* disease; disease-products. Isopathy.

Page 36, under "*Special Drugs,*" correct to read: *Gelsemium* thus sometimes supersedes *Bell., Merc., Puls.,* etc., apparently, but insufficiently indicated.

Page 39; read *Cyclopædia of Drug Pathogenosy* at page 12, after line 3.

Page 45, preceding "Schools of practice," insert:

Rapid Repetition of High Potencies or "Rushing the Remedy," in *acute diseases.* The writer, by "clinical" experiments upon his own person, has learned that, using the similimum in the 200th attenuation and upwards, and repeating every twenty minutes, in, for instance, acute catarrh of either the pulmonary or the gastro-intestinal tract, an unmistakable impression can be made within a very short period; after which, no more of the drug will be needed or tolerated. The limit is the point where the symptoms are clearly exacerbated shortly after each dose; or better, barely short of this.

Carried, however, beyond the *first* exacerbation, skepticism would find an excuse for being, in a somewhat troublesome persistence, and ven critical modification of the aggravation; which, indeed, might seem to demand an antidotal remedy. Remember, *await reaction.*

Meagre Indications forbid haste. Consider, then, the *psychic symptoms* as of highest rank, and besides these, the "latest symptoms." And if a remedy have just been in use, give sufficient time to disclose the secondary reaction.

When a proving fails to cover *all* the characteristics of a case (the essence of the much-mentioned "totality of symptoms"), yet its

general spirit seems nearest of all competitors, the humorous dictum of our old friend, Dr. Constantine Hering, may be recalled with advantage. "If," said he, "you can find in the remedy, *three strong characteristics* of your case, you are safe in prescribing it, for *any stool can stand on three legs.*" But, of course, the more the better, always.

Page 47; add to remarks on "Cumulation," the following:

Tolerance.—This is the converse of the preceding. It means that certain other drugs, general irritants (the type being *Tartar emetic*), given in allopathic doses, at first act violently, by vomiting, etc., but later, all this action ceases. At the same time, other evacuant effects begin, as *diaphoresis;* the skin thus disposing of the drug-excess.

This is one of the means of safety in allopathic medication. Each drug requires study, with reference to its tendency, one way or the other.

Another safeguard is the *Combination of Drugs;* the Allopathic rule.

True to the palliative idea, it is formally required that, as universal experience proves the unpleasant activity of coercive drugs, other and really antidotal drugs must be combined with them to correct such bad effects, and successive prescriptions are indicated, to the same end, ofttimes. Again, if, in the regular doses, imperfect results are obtained singly, it is directed that they be helped on in their work, by still other drugs, in combination or alternation, or rotation.

The former are called "corrigents," the latter, "adjuvants." The large doses of allopathy do indeed frequently need this mixing (or alternating) process, in order to be continued at all. Otherwise, our own method would have to be used. Some of our side are not wholly exempt, however, from the other.

In both cases, with us, *dilution* or other *attenuation*, according to the masters of our art, does far better.

Nature (*or the Vital Principle, the Cure-All*), is commonly represented in the guise of a woman. Be this right or wrong, it is certain that she *will*, in reaction, always *have the last word.* Homœopathy simply concedes this.

The Duty of Experimentation confronts our adversaries, one and all. Thus, only, by pathogenetic and by clinical facts, systematically collected and recorded, can the truth be established and error overthrown. We have cast the gauntlet into the arena!